

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila
District of Peridot
Town of Rice
or
City of Rice

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rhoda Hinton { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth 7 7 1927
Month Day Year

8. FATHER
Full name Peter Hinton

14. MOTHER
Full maiden name Edna Dia

9. Residence (Usual place of abode) Peridot Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Peridot Arizona
If non-resident, give place and state.

10. Color or race Indian

16. Color or race 4/4 Indian

11. Age at last birthday 32 (Years)

17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Bylas Arizona
(State or country)

18. Birthplace (city or place) Rice Arizona
(State or country)

13. Occupation
Nature of Industry Common Laborer

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 2
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? No

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Sawyer M.D.
Address San Carlos Ariz.
(Physician or midwife).

Given name added from a supplemental report. Month, day, year Filed _____ 19____
985-707-541 Filed _____ 19____
Registrar _____ Local Registrar.

County Registrar.

N. B. - In case of more than one child at a birth, a separate report must be made for each, and the number of order of birth stated.