

## PLACE OF BIRTH

1. County of Gila.  
 District of San Carlos.  
 Town of San Carlos.  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child

Galvin Randall.

If child is not yet named, make  
 supplemental report, as directed.

3. Sex of Child

Male

To be answered ONLY  
 in event of plural  
 births.

4. Twin, triplet or other

6. Legitimate?

Yes.

7. Date

of birth

7 8 1927.  
 Month day year

5. No., in order of birth

8. FATHER

Full name Benjamin Randall

14. MOTHER

Full maiden name

Ivey Martin.

9. Residence

(Usual place of abode)

San Carlos

15. Residence

(Usual place of abode)

San Carlos

If nonresident, give place and state

Ariz.

If nonresident, give place and state

Ariz.

10. Color or race

4/4 Indian.11. Age at last birthday 46, (Years)

16. Color or race

4/4 Indian.17. Age at last birthday 18, (Years)

12. Birthplace (city or place)

San Carlos

(State or country)

Ariz.

18. Birthplace (city or place)

San Carlos

(State or country)

Ariz.

13. Occupation

Nature of industry

Agency Interpreter.

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 1  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

21. Were precautions taken against epithemia neonatorum?

No.

## REPORTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11 Ave. 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 evidences of life after birth.

Signature

G. H. Sawyer M.D.

(Physician or midwife)

Address

San Carlos, Ariz.

Given name added from

supplemental report

Filed

19

G. H. Sawyer.

Local Registrar.

Month day year.

393 - 708 - 945

Filed

19

County Registrar.

Registrar.

RETURN must be made for each, and the name of the child must be stated in order of birth stated.