

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila.District of San Carlos.Town of San Carlos.

or

City of

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eston Earley.

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

3. Sex of Child

To be answered ONLY
in event of plural
births.Male

4. Twin, triplet or other.....

6. Legitimate?

7. Date

of birth

7.927

Month

day

year

5. No., in order of birth.....

yes.

8. FATHER

Full name

Joseph Earley.

14. MOTHER

Full maiden name

Cora Steel.

9. Residence

(Usual place of abode)

San Carlos,Ariz.

If nonresident, give place and state

15. Residence

(Usual place of abode)

San Carlos,Ariz.

If nonresident, give place and state

10. Color or race

4/4 Indian.11. Age at last birthday 36. (Years)

16. Color or race

4/4 Indian.17. Age at last birthday 22. (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

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 1(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? no.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at San Carlos, Ariz. 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

C. H. Sawyer M.D.
(Physician or midwife)

Address

San Carlo, Ariz.

Given name added from supplemental report

Filed

19

C. H. Sawyer.

Local Registrar.

Month, day, year

558 - 709 - 323

Filed

19

Registrar.

County Registrar.

RECORD
RETURN - Must be made for each, and the num.
in order of birth stated.