PLACE OF BIRTH

County of Gila

City of Rice

Town of Rice

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126

County Registrar No.

Local Registrar No.

Hospital of ..... No. ..... St. ..... Ward

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

Full name of child: Marie Threse Clark (If child is not yet named, make supplemental report, as directed.)

Sex of Child: Female

To be answered ONLY in event of plural births. 4. Twin, triplet or other ..... 5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth: 8 (Month) 5. (day) 27. (year)

FATHER

8. Full name: Peter Clark

9. Residence (Usual place of abode): San Carlos,

If nonresident, give place and state: Ariz.

10. Color or race: 4/4 Indian

11. Age at last birthday: 25 (Years)

12. Birthplace (city or place): Rice

(State or country): Ariz.

13. Occupation: common laborer

Nature of industry:

MOTHER

14. Full maiden name: Florence Allen

15. Residence (Usual place of abode): San Carlos,

If nonresident, give place and state: Ariz.

16. Color or race: 4/4 Indian

17. Age at last birthday: 24 (Years)

18. Birthplace (city or place): Rice

(State or country): Ariz.

19. Occupation: housewife

Nature of industry:

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: 2

(b) Born alive but now dead: 0

(c) Stillborn: 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 9. a.m. on the date above stated.

*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: Thomas Richardson M.Da (Physician or midwife)

Address: Rice, Ariz.

Given name added from supplemental report ..... Month, day, year.

Filed ....., 19.... C.H.Sawyer. Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

432-805-615