

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	Gila.	BUREAU OF VITAL STATISTICS	
2. District of	San Carlos.	ORIGINAL CERTIFICATE OF BIRTH	State Index No. 163
3. Town of	San Carlos.		County Registrar No. _____
4. City or _____			Local Registrar No. _____
5. City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
6. Full name of child	Lucile Little.		If child is not yet named, make supplemental report, as directed.
7. Sex of Child	To be answered ONLY in event of plural births.	8. Twin, triplet or other.	9. Legitimate?
female.			yes
10. Date of birth	8. 16.	1927.	
	Month	day	year
FATHER		MOTHER	
11. Full name	Gilbert Little.	12. Full maiden name	Lucy Edwards.
13. Residence (Usual place of abode)	San Carlos, Ariz.	14. Residence (Usual place of abode)	San Carlos, Ariz.
15. If nonresident, give place and state		16. If nonresident, give place and state	
17. Color or race	4 Indian	18. Color or race	4 Indian
19. Age at last birthday	27 (Years)	20. Age at last birthday	20 (Years)
21. Birthplace (city or place) (State or country)	Rice, Ariz.	22. Birthplace (city or place) (State or country)	San Carlos, Ariz.
23. Occupation	common laborer.	24. Occupation	housewife.
25. Nature of industry		26. Nature of industry	
27. Number of children of this mother	(a) Born alive and now living 0	28. Were precautions taken against ophthalmia neonatorum?	no.
29. (b) Born alive but now dead 0	(c) Stillborn 0		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I report birth of this child, who was born alive at NOON 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 evidences of life after birth.

Signature _____

Address San Carlos, Ariz.

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

Filed _____, 19____

C. H. Sawyer.

Local Registrar.

Registrar.

Filed _____, 19____

County Registrar.

335-216-352