

PLACE OF BIRTH

County of GilaDistrict of San CarlosTown of San Carlos

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 173

County Registrar No. _____

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Full name of child Vincent Shaw. } If child is not yet named, make
supplemental report, as directed.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 8. 20. 1927.
Month day year

FATHER		MOTHER	
1. Full name <u>Clement Shaw.</u>	14. Full maiden name <u>Alice Watson.</u>		
9. Residence (Usual place of abode) <u>San Carlos</u> If nonresident, give place and state <u>Ariz.</u>	15. Residence (Usual place of abode) <u>San Carlos,</u> If nonresident, give place and state <u>Ariz.</u>		
10. Color or race <u>4/4 Indian</u>	16. Color or race <u>4/4 Indian</u>	11. Age at last birthday <u>24</u> (Years)	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>San Carlos,</u> (State or country) <u>Ariz.</u>	18. Birthplace (city or place) <u>San Carlos,</u> (State or country) <u>Ariz.</u>		
13. Occupation Nature of industry <u>common laborer.</u>	19. Occupation Nature of industry <u>housewife.</u>		
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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I am a report of birth of this child, who was born alive at 6 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 evidences of life after birth.
Signature E. H. Sawyer M.D. (Physician or midwife)
Address San Carlos, Ariz.I have added from supplemental report _____
Month, day, year. Filed _____ 19 _____
Local Registrar.Registrar. Filed _____ 19 _____
County Registrar.

526-820-165