PLACE OF BIRTH

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)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
County Registrar No. .....
Local Registrar No. .....

2. Full name of child Milton Mull } 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 ..... 5. No., in order of birth .....
6. Legitimate? yes
7. Date of birth 9. (Month) 18. (day) 1927. (year)

8. FATHER
Full name: William Mull
9. 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 42. (Years)
12. Birthplace (city or place) San Carlos, (State or country) Ariz.
13. Occupation: Farmer.
Nature of industry

14. MOTHER
Full maiden name: Daisy Upshaw
15. Residence (Usual place of abode) San Carlos, Ariz.
If nonresident, give place and state
16. Color or race: 4/4 Indian
17. Age at last birthday 37. (Years)
18. Birthplace (city or place) San Carlos, (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 6.
(b) Born alive but now dead 1
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? no.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~report~~ attended the birth of this child, who was born alive (Born alive or stillborn.) at 1. P. 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 C. H. Sawyer MD (Physician or midwife)
Address San Carlos, Ariz.

Given name added from a supplemental report ..... Month, day, year. Filed ....., 19.... C. H. Sawyer. Local Registrar.

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

443-918-446