PLACE OF BIRTH

County of Gila

District of Rice

Town of Rice

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. 170

County Registrar No. .....

Local Registrar No. .....

Full name of child Hettie Hoffman } 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 IO 28 27 (Month day year)

8. FATHER

Full name John Hoffman

9. Residence (Usual place of abode) Rice, Ariz.

If nonresident, give place and state

10. Color or race 4/4 Indian

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Rice, Ariz.

(State or country)

13. Occupation Common laborer.

Nature of industry

14. MOTHER

Full maiden name Marian Standing

15. Residence (Usual place of abode) Rice, Ariz.

If nonresident, give place and state

16. Color or race 4/4 Indian

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) San Carlos, Ariz.

(State or country)

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 I

(b) Born alive but now dead O

(c) Stillborn O

21. 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 8. A. 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 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.

885-1028-427

... one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.