

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 126

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township San Carlos or Village San Carlos  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Grace Case  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
/If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
<u>female</u>			<u>yes</u>	<u>II/10/27</u> Month Day Year

8. FATHER  
Full name Louis Case

9. Residence (Usual place of abode) San Carlos, Ariz.  
If non-resident, give place and state.

10. Color or race 4/4 Indian

11. Age at last birthday 38 (Years)

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

13. Occupation  
Nature of industry Common laborer

14. MOTHER  
Full maiden name Gussie Dillon

15. Residence (Usual place of abode) San Carlos, Ariz.  
If non-resident, give place and state.

16. Color or race 4/4 Indian

17. Age at last birthday 24 (Years)

18. Birthplace (city or state) San Carlos, Ariz.  
(State or country)

19. Occupation  
Nature of industry Housewife.

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>0</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

21. Were precautions taken against ophthalmia neonatorum. yes.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I report the birth of this child, who was born alive at 5 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 evidence of life after birth.

Signature C. H. Sawyer MD

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.  
(Physician or midwife).

Month, day, year \_\_\_\_\_

Filed \_\_\_\_\_, 19 C. H. Sawyer.  
 Registrar. Registrar.

735-1110-745