

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 145
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Rice or Village _____
 City _____ No. _____ St. _____ Ward _____
 (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.)

2. Full name of child Augustine Frances Rambler

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 II/18/27.
 Month Day Year

8. **FATHER**
 Full name Homer Rambler

14. **MOTHER**
 Full maiden name Olive Talgo

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

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

10. Color or race 4/4 Indian 11. Age at last birthday 20 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 24 (Years)

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

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

13. Occupation common laborer.
 Nature of industry

19. Occupation housewife.
 Nature of industry

20. Number of children of this mother. _____ } (a) Born alive and now living 2
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
 } (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum. no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I report the birth of this child, who was born alive at 10. 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 evidence of life after birth.
 Signature C. H. Sawyer M.D.
 (Physician or midwife)

Given name added from _____ Address San Carlos, Ariz.

Month, day, year _____
 Filed _____, 19____
 Registrar. C. H. Sawyer. Registrar.

199-1118-636

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each at birth stated.