

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Rice or Village _____
City _____ No. _____ St. _____ Wa. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rose Walker (If child is not yet named, make supplemental report, as directed)

3. Sex of Child F. To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 6. Legitimate? yes } 7. Date of birth II/26/27.
5. No., in order of birth. _____ } Month Day Year

8. **FATHER**
Full name James Walker
Residence (Usual place of abode) Rice, Ariz.
If non-resident, give place and state.

14. **MOTHER**
Full maiden name Ida Thompson
15. Residence (Usual place of abode) Rice, Ariz.
If non-resident, give place and state.

10. Color or race 4/4 Ind. 11. Age at last birthday 39 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 42 (Years)

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

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

1. Occupation
Nature of industry common laborer

19. Occupation
Nature of industry housewife

20. Number of children of this mother: (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum. no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that report the birth of this child, who was born alive at 4 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 MD

(Physician or midwife).

Given name added from _____ Address San Carlos, Ariz.
Month, day, year _____

Registrar. Filed _____ 19 _____ C.H.Sawyer. Registrar.

969-1126-935

FOR BINDING
DURING INK—THIS IS A PERMANENT RECORD
SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
WRITE PLAINLY WITH INK
N. B.—In case of more than one child at a birth