

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 121
Registered No.

1. PLACE OF BIRTH

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

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

3. Sex of Child To be answered ONLY in event of plural births. Male
4. Twin, triplet or other. No. in order of birth.
5. Legitimate? yes
6. Date of birth 12. 16. 27.
Month Day Year

8. FATHER Full name Arthur Edwards

14. MOTHER Full maiden name Marian Phillips.

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

15. 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 24 (Years)

16. Color or race 4/4 Indian
17. Age at last birthday 21 (Years)

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

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

13. 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 2 (b) Born alive but now dead 0 (c) Stillborn 0
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 9 P. m. on the date above stated. (Born alive or stillborn)

Signature C. H. Sawyer M.D.
(Physician or midwife).

Address San Carlos, Ariz.
Month, day, year

Registrar. Filed 19 C. H. Sawyer Registrar.

552-1216-472

order of birth stated.