

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **132**
Registered No.

1. PLACE OF BIRTH

County **Gila**

State **Arizona**

District or Town **San Carlos**

or Village **San Carlos**

City **No hospital**

No. **No hospital** (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **Evan Lewis**

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 **July 23 1931**

8. FATHER

Full Name **Albert Lewis**

9. Residence (Usual place of abode)

San Carlos Arizona

If non-resident, give place and state.

10. Color or race **1/4 Apache Indian**

11. Age at last birthday **7** (Years)

12. Birthplace (city or place) **San Carlos, Arizona**

(State or country)

13. Occupation **Policeman.**

Name of Industry

14. MOTHER

Full maiden name **Sophia Toprock**

15. Residence (Usual place of abode)

San Carlos Arizona

If non-resident, give place and state.

16. Color or race **Ind**

17. Age at last birthday **23** (Years)

18. Birthplace (city or place) **San Carlos, Arizona**

(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 **2**
(b) Born alive but now dead **1**
(c) Stillborn **0**

21. Were precautions taken against ophthalmia neonatorum? **Yes.**

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~know~~ the birth of this child, who was **July 23 1931** at **4 am** 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

born alive Dr. Z.M. Laughlin

San Carlos, Arizona.

(Physician or midwife)

Give name added from supplemental report **532-723-232**

Address

W. H. Laughlin
Registrar.

Filed **7/29** 19 **31**

Z. Laughlin
Registrar.