

421

PLACE OF BIRTH  
 County of Yuma BUREAU OF VITAL STATISTICS 174 State Index No. 1075  
 District of Eschew ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 401  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Charles Willard Sawyer } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male Twin, Triplet or other  and } Number in order of birth  Legitimate  Date of Birth Dec 9 1916  
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Willard Albert Sawyer</u>	Full Maiden Name	<u>Adela Marie Maldonado</u>
Residence	<u>433 Oak St.</u>	Residence	<u>Same</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>29</u> (Years)	Age at last Birthday	<u>22</u> (Years)
Birthplace	<u>Cleveland, Ohio</u>	Birthplace	<u>Globe, Arizona</u>
Occupation	<u>Garage Man</u>	Occupation	<u>Housewife</u>
Number of child of this mother	<u>1</u>	Number of Children, of this mother, now living	<u>1</u>
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 9 1916, at 10 P. M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) [Signature] (Attending physician, midwife, householder.\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_ Address \_\_\_\_\_

Filed Dec 12 1916 B. G. Sawyer LOCAL REGISTRAR.  
 Filed Jan 6 1917 A True Copy B. G. Sawyer COUNTY REGISTRAR.  
329-1209-146 COUNTY REGISTRAR.