

199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF BIRTH

149a
14

PLACE OF BIRTH
County of Delaware
Township of Sau Carlos
City of Sau Carlos (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Roy Phillips
(If child is not yet named, make supplemental report, as directed)

Sex of Child Male Twin, triplet, or other? — Number in order of birth _____ Legitimate? yes Date of birth 7 30 1922
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME George Phillips
RESIDENCE Sau Carlos Ariz
COLOR W AGE AT LAST BIRTHDAY 40
Indian (Years)
BIRTHPLACE Sau Carlos Ariz
OCCUPATION Farmer
Number of children born to this mother, including present birth 6

MOTHER
FULL MAIDEN NAME Gertrude Bell
RESIDENCE Sau Carlos Ariz
COLOR W AGE AT LAST BIRTHDAY 35
Indian (Years)
BIRTHPLACE Sau Carlos Ariz
OCCUPATION Housewife
Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 4 P. M.,
did not on the date above stated.
(Born alive or Stillborn)

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

Given name added from a supplemental report _____, 19
Address Sau Carlos Ariz
Filed 972-730-723, 19

6-324d
V. S. No. 109
MARGIN RESERVED FOR BINDING
WH. 26 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for the number of each, in order of birth, stated.
(Instructions on certain points may be printed on separate cards, 6 1/2 x 7 1/2 inches.)