

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>98</u>
District of <u>Peridot</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>68</u>
Town of <u>Rice</u>			Local Registrar No. <u>7</u>
or			
City of _____ No. _____ St. _____ Ward _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Sopha Porter</u>		} If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>Feb. 2, 1923</u> (Month, day, year)	
FATHER		MOTHER	
8. Full name <u>Duncan Porter</u>		14. Full maiden name <u>Ruth Pollard</u>	
9. Residence <u>Peridot, Arizona</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Peridot, Arizona</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>Indian</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>Peridot, Arizona</u> (State or country)		18. Birthplace (city or place) <u>Peridot, Arizona</u> (State or country)	
13. Occupation <u>Laborer</u> Nature of industry		19. Occupation _____ Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>Yes</u> (b) Born alive but now dead _____ (c) Stillborn _____	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at _____ 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 <u>Mary A. Seward</u> (Physician or midwife)	
		Address <u>Rice, Ariz. Field station</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed _____, 1923 <u>Mary A. Seward</u> Registrar.	Filed <u>3/6</u> , 1923 <u>R. W. Seward</u> County Registrar.

279-205-974