

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of Pice  
 Town of \_\_\_\_\_  
 or

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1190  
 Co. Registrar No. 278  
 Local Registrar No. \_\_\_\_\_

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 Mabell Nossie } If child is not yet named, make supplemental report, as directed

3. Sex of child Female 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 2/15/23 (Month, day, year)

**FATHER**  
 8. Full name William Nossie  
 9. Residence (Usual place of abode) Pice Ariz  
 If nonresident, give place and State  
 10. Color or race Indian  
 11. Age at last birthday 22 (Years)  
 12. Birthplace (city or place) Pice Ariz  
 (State or country)  
 13. Occupation General Labor  
 Nature of Industry

**MOTHER**  
 14. Full maiden name April Logan  
 15. Residence (Usual place of abode) Pice Ariz  
 If nonresident, give place and State  
 16. Color or race Indian  
 17. Age at last birthday 19 (Years)  
 18. Birthplace (city or place) Pice Ariz  
 (State or country)  
 19. Occupation Housewife  
 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 (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that attended the birth of this child, who was born alive 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 Mary A. Eward (Physician or midwife)

Address Pice Arizona

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

Filed 6-4, 1923 BEJ Local Registrar.

Filed 6-5, 1923 BEJ County Registrar.

Registrar.

1155-215-135

WHILE IN PROCESS WITH UNIFORMS UNIT THIS IS A PERMANENT RECORD  
 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.