

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>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>148</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>203</u>	
Town of <u>Rice</u>		Local Registrar No. _____	
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>Gloria June Logan</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	5. No., in order of birth
6. Legitimate? <u>yes</u>		7. Date of birth <u>2.27/23</u>	(Month, day, year)
8. FATHER Full name <u>Marshall Logan</u>		14. MOTHER Full maiden name <u>Loe Dudley</u>	
9. Residence (Usual place of abode) If nonresident, give place and State <u>Rice Ariz</u>		15. Residence (Usual place of abode) If nonresident, give place and State <u>Rice Ariz</u>	
10. Color or race <u>Indian</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Rice Ariz</u> (State or country)		18. Birthplace (city or place) <u>Rice Ariz</u> (State or country)	
13. Occupation <u>General Labor</u> Nature of industry		19. Occupation <u>Housewife</u> 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>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that ~~attended~~ the birth of this child, who was born alive at 8 P.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: R. H. Sawyer M.D.  
(Physician or midwife)

Address: San Carlos Ariz

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

Registrar. \_\_\_\_\_

Filed 4-6, 1923 \_\_\_\_\_  
County Registrar.

Filed 4-6, 1923 \_\_\_\_\_  
County Registrar.

735-227-548