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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Hila
District of San Carlos
Town of _____
City of _____

State Index No. 178
Co. Registrar No. 201
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Lillie Toprates } If child is not yet named, make supplemental report, as directed

Sex of child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth 3/26/23 (Month, day, year)

5. No., in order of birth. _____

| FATHER | | MOTHER | |
|--|--|--|--|
| Full name <u>Ben Toprates</u> | | Full maiden name <u>Freda Rice</u> | |
| Residence (Usual place of abode) If nonresident, give place and State <u>San Carlos Ariz</u> | | 15. Residence (Usual place of abode) If nonresident, give place and State <u>San Carlos Ariz</u> | |
| Color or race <u>Ind</u> | Age at last birthday <u>43</u> (Years) | 16. Color or race <u>Indian</u> | 17. Age at last birthday <u>28</u> (Years) |
| Birthplace (State or country) <u>San Carlos Ariz</u> | | 18. Birthplace (city or place) (State or country) <u>San Carlos Ariz</u> | |
| Occupation <u>Farmer</u> | | 19. Occupation Nature of industry <u>Housewife</u> | |

Nature of industry of this mother at birth of child here-taken as of _____ } (a) Born alive and now living 1 (b) Born alive but now dead. _____ (c) Stillborn 2

Number of children of this mother living at birth of this child _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]
(Physician or midwife)
Address San Carlos Ariz

Name added from _____
Supplemental report (Month, day, year) _____

Registrar. _____

Filed 4-5, 1923
Filed 4-6, 1928

Local Registrar. _____
County Registrar. _____

332-326-695