

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of Rice Ariz
 Town of _____
 or

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118
 Co. Registrar No. 220
 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 Charles Dili } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Male</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>4/3/23</u> (Month, day, year)
--------------------------------	--	---	------------------------------	---

8. FATHER
 Full name Yemo Lightfoot Dili
 9. Residence (Usual place of abode) Rice Ariz
 If nonresident, give place and State
 10. Color or race Indian
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Rice Ariz
 (State or country)
 13. Occupation Farmer
 Nature of Industry

14. MOTHER
 Full maiden name Jacques Early
 15. Residence (Usual place of abode) Rice Ariz
 If nonresident, give place and State
 16. Color or race Indian
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Rice 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 herein certified and including this child.)
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~attended~~ the birth of this child, who was born alive at 4 A.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 J. S. Spearman M.D.
 (Physician or midwife)
 Address Rice, Ariz.

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

Filed 5-5, 1923 B. J. G. at
 Filed 5-5, 1923 B. J. G. at
 Local Registrar.
 County Registrar.

349-403-658