

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>150</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>248</u>
Town of <u>San Carlos</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>Daisy Dewey</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>4/15/23</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Adam Dewey</u>		Full maiden name <u>Rebecca Russell</u>	
9. Residence (Usual place of abode) <u>San Carlos, Ariz.</u>		15. Residence (Usual place of abode) <u>San Carlos, Arizona</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Judean</u>	11. Age at last birthday <u>33</u>	16. Color or race <u>Judean</u>	17. Age at last birthday <u>26</u>
(Years)		(Years)	
12. Birthplace (city or place) <u>Arizona</u>		18. Birthplace (city or place) <u>Arizona</u>	
(State or country)		(State or country)	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		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>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that attended the birth of this child, who was <u>born alive</u> 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>[Signature]</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>San Carlos, Ariz.</u>	
(Month, day, year)		Filed <u>5-5</u> , 19 <u>23</u>	
Registrar. _____		Filed <u>5-5</u> , 19 <u>23</u>	
		Local Registrar. _____	
		County Registrar. _____	

448-415-393