

WRITE PLAINLY WITH UNFADING INK—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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>177</u>
District of <u>Pacific</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>356</u>
Town of <u>Well</u>			Local Registrar No. _____
or			
City of _____	No. _____	St. _____	Ward _____
2. Full name of child <u>Oliver Maxwell</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Male</u> To be answered ONLY in event of plural births.			
4. Twin, triplet or other _____		6. Legitimate? <u>Yes</u>	
5. No., in order of birth _____		7. Date of birth <u>5.28 1923</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Calvin Maxwell</u>		Full maiden name <u>Rachel Polk</u>	
9. Residence (Usual place of abode) <u>Rice Ariz</u>		15. Residence (Usual place of abode) <u>Rice Ariz</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Indian</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>35</u> (Years)
12. Birthplace (city or place) <u>Rice</u>	(State or country) <u>Ariz</u>	18. Birthplace (city or place) <u>Rice</u>	(State or country) <u>Ariz</u>
13. Occupation	Nature of industry <u>Farmer</u>	19. Occupation	Nature of industry <u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>6</u>		<u>No</u>	
(b) Born alive but now dead <u>2</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 a.m.</u> on the date above stated.			
*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>Wm. A. DeWard</u>		(Physician or midwife)	
Address <u>Rice Ariz</u>			
Given name added from a supplemental report _____		Filed <u>6-20</u> 19 <u>23</u>	
Month, day, year. _____		Filed <u>7-5</u> 19 <u>23</u>	
Registrar. _____		Local Registrar. <u>B. G. J. W.</u>	
		County Registrar. _____	

843-528-972