

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma  
District of Yuma Ariz  
Town of Rice  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

State Index No. 127  
County Registrar No. 371  
Local Registrar No. \_\_\_\_\_

2. Full name of child Charles Howard Hoffman (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.  
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 6 14 1923 Month Day Year

8. FATHER  
Full name: William Hoffman  
9. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state  
10. Color or race Indian  
11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) Rice Ariz  
(State or country)  
13. Occupation General Farmer  
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

14. MOTHER  
Full maiden name Margarette Golson  
15. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state  
16. Color or race Indian  
17. Age at last birthday 20 (Years)  
18. Birthplace (city or place) Rice Ariz  
(State or country)  
19. Occupation Housewife  
Nature of industry  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6 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 W. H. Sawyer M.D.  
(Physician or midwife)  
Address San Carlos Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 6-20 1923 R. H. Joy Local Registrar.  
Filed 7-5 1923 R. H. Joy County Registrar.

385-614-475