

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.

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

PLACE OF BIRTH  
1. County of Yuma  
District of Rice  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 162  
County Registrar No. 630  
Local Registrar No. \_\_\_\_\_

2. Full name of child Philip Enfield (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 7 15 23 Month day year

8. FATHER Full name <u>Thomas Enfield</u>		14. MOTHER Full maiden name <u>Goldie Victor</u>	
9. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state	
10. Color or race <u>1/4 Indian</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>1/4 Indian</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Rice Ariz</u> (State or country)		18. Birthplace (city or place) <u>Rice Arizona</u> (State or country)	
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.) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? no

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 10 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 evidences of life after birth.

Signature E. Sawyer MD (Physician or midwife)  
Address San Carlos Ariz  
Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_ 19 23  
Local Registrar E. Sawyer MD  
County Registrar D. G. Fox

Registrar \_\_\_\_\_

754-715-759