

1806

PLACE OF BIRTH

County of Gila  
District of Sau Carlos  
Town of " "  
or " "  
City of " "

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132  
County Registrar No. 562  
Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Howard Raudall } 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 8 1 23 Month day year

3. FATHER  
Full name Benjamin Raudall  
9. Residence (Usual place of abode) Sau Carlos Ariz.  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race 1/4 Indian  
11. Age at last birthday 42 (Years)  
12. Birthplace (city or place) Sau Carlos  
(State or country) Arizona  
13. Occupation Interpreter at Agency  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Susan Keenan  
15. Residence (Usual place of abode) Sau Carlos Ariz.  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race 1/4 Indian  
17. Age at last birthday 28 (Years)  
18. Birthplace (city or place) Sau Carlos  
(State or country) Arizona  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0  
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 6 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 Ch Sawyer M.D.  
Address Sau Carlos Ariz.

Given name added from \_\_\_\_\_  
supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed \_\_\_\_\_, 1923  
Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

893-801-225