

1034

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 in order of birth stated.

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

PLACE OF BIRTH
1. County of Gila
District of San Carlos
Town of _____
or
City of _____ No. _____
State Index No. 181
County Registrar No. 702
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child Lelaw Lee (If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
7. Date of birth 10 26 23 Month day year

8. FATHER
Full name Halter Lee
9. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz

14. MOTHER
Full maiden name Ara Baylish
15. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz

10. Color or race 1/4 Indian
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Arizona
(State or country)

16. Color or race 1/4 Indian
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Arizona
(State or country)

13. Occupation Farmer
Nature of industry
20. Number of children of this mother (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

19. Occupation Housewife
Nature of industry
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 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 evidences of life after birth.
Signature C. H. Sawyer M.D.
Address San Carlos Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed _____ 19____
Registrar. _____
Filed 11-3 1923 C. H. Sawyer M.D.
Local Registrar. _____
County Registrar. _____

335-1020-128