

1036

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  
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 San Carlos  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Viola Henry } 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 10 28 1923  
Month day year

8. FATHER Full name Robert Henry 14. MOTHER Full maiden name Rebecca Nelson

9. Residence (Usual place of abode) San Carlos Ariz 15. Residence (Usual place of abode) San Carlos Ariz  
If nonresident, give place and state

10. Color or race 4/4 Indian 11. Age at last birthday 25 (Years) 16. Color or race 4/4 Indian 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Carlos Ariz (State or country) 18. Birthplace (city or place) San Carlos Ariz (State or country)

13. Occupation Government Painter Nature of industry 19. Occupation Housewife Nature of industry

20. Number of children of this mother (a) Born alive and now living 3 (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 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.  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Signature C. H. Sawyer M.D. (Physician or midwife)  
Address San Carlos Ariz  
Filed \_\_\_\_\_ 19\_\_\_\_  
Filed 11-3 1923 B. J. J. J. Local Registrar.  
County Registrar.

588-1028-355