1844

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
County Registrar No. 761
Local Registrar No. .....

PLACE OF BIRTH
1. County of Gila
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 David Delma } 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: 11 (Month) 10 (day) 1923 (year)

FATHER	MOTHER
8. Full name: Simon Delma	14. Full maiden name: Fannie (?)
9. Residence (Usual place of abode): San Carlos. If nonresident, give place and state: Ariz	15. Residence (Usual place of abode): San Carlos. If nonresident, give place and state: Ariz
10. Color or race: 4/4 Indian; 11. Age at last birthday: 43 (Years)	16. Color or race: 4/4 Indian; 17. Age at last birthday: 38 (Years)
12. Birthplace (city or place): San Carlos, (State or country): Ariz	18. Birthplace (city or place): San Carlos (State or country): Ariz
13. Occupation: Nature of industry: Farmer	19. Occupation: Nature of industry: Housewife

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 5
(b) Born alive but now dead 1
(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 (Born alive or stillborn.) at 11 P. m. on the date above stated.

*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 MD (Physician or midwife)
Address: San Carlos, Ariz

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

Filed ....., 19.....
C H Sawyer, Local Registrar.

Filed 12-3, 1923
B. G. Dia, County Registrar.

Registrar.

441-1110-600