154

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

State Index No. 110

County Registrar No. 46

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

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)

2. Full name of child Ruby Hinton (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 12 (Month) 2 (day) 1923 (year)

FATHER

8. Full name Peter Hinton

9. Residence (Usual place of abode) Rice

If nonresident, give place and state Ariz

10. Color or race 1/2 Indian

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Rice

(State or country) Ariz

13. Occupation Nature of industry Local Policeman

MOTHER

14. Full maiden name Edna Dilli

15. Residence (Usual place of abode)

If nonresident, give place and state

16. Color or race 4/4 Indian

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Rice

(State or country) Ariz

19. Occupation Nature of industry Housework

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 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 (Born alive or stillborn.) at 12 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 M D (Physician or midwife)

Address San Carlos, Ariz

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

Registrar.

Filed ..... 1 ..... 19 .....

C H Sawyer Local Registrar.

Filed 2/6 1924 County Registrar.

985-1202-549