

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

PLACE OF BIRTH
1. County of Gila
District of Rice
Town of _____
or _____
City of _____ No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 115
County Registrar No. 528
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child Maud Polk (1st born)
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 1st 5. Legitimate? Yes 6. Date of birth 12 / 7 / 23
Month day year

8. FATHER Full name <u>Charles Polk</u>		14. MOTHER Full maiden name <u>Josephine Nojole</u>	
9. Residence (Usual place of abode) <u>Rice, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Rice, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>4/4 Indian</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>4/4 Indian</u>	17. Age at last birthday <u>43</u> (Years)
12. Birthplace (city or place) <u>Rice, Ariz.</u> (State or country)		18. Birthplace (city or place) <u>Rice, Ariz.</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

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 9
(b) Born alive but now dead 3
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that attended the birth of this child, who was born alive at 2 A m. on the date above stated.
(Born alive or stillborn.)

Signature [Signature] (Physician or midwife)
Address San Carlos Hig
Filed _____ 1924
Month, day, year.

Registrar. _____
Local Registrar. [Signature]
County Registrar. _____

472-1207-155