

MAILED 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 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)

State Index No. 127
 County Registrar No. 842
 Local Registrar No. _____

2. Full name of child Mary Dewey } 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 10 1923
 Month Day Year

8. FATHER
 Full name Ned Dewey
 9. Residence (Usual place of abode) San Carlos, Ariz
 If nonresident, give place and state
 10. Color or race 1/4 Indian
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) San Carlos, Ariz
 (State or country)
 13. Occupation Laborer & Farmer
 Nature of industry

14. MOTHER
 Full maiden name Nettie Halson
 15. Residence (Usual place of abode) _____
 If nonresident, give place and state
 16. Color or race 1/4 Indian
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) San Carlos, Ariz
 (State or country)
 19. Occupation Housewife
 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 2
 (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 ~~attended~~ attended the birth of this child, who was born alive at 1 a.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 evidence of life after birth.
 Signature [Signature]
 Address San Carlos, Ariz
 (Physician or midwife)

Given name added from a supplemental report _____ Month, day, year. Filed _____ 19____
 Registrar. 1-7 1924 Filed _____ 19____
 County Registrar. [Signature]

448-1210-565