[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125
County Registrar No. 49
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 John Dunn } 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 1 9 24 (Month day year)

FATHER

8. Full name Peter Dunn

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

10. Color or race 4/4 Indian

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Rice Ariz
(State or country)

13. Occupation
Nature of industry Farmer

MOTHER

14. Full maiden name Priscilla (?)

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

16. Color or race 4/4 Indian

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Rice Ariz
(State or country)

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 2
(b) Born alive but now dead 3
(c) Stillborn

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 4 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 evidences of life after birth.

Signature R. N. Sawyer M.D. (Physician or midwife)
Address San Carlos Ariz

Given name added from a supplemental report ..... Month, day, year. Filed ..... 19..... R. N. Sawyer Local Registrar.

Registrar. Filed 2/6 1924 B.G. Fox County Registrar.

145-109-700

MARGIN RESERVED FOR BINDING

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.

V. S.