ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No. 51

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 Thriska Clark — 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 (Month) 14 (day) /24 (year)

FATHER	MOTHER
8. Full name: Percy Clark	14. Full maiden name: Evelyn Chase
9. Residence (Usual place of abode): San Carlos, Ariz. If nonresident, give place and state	15. Residence (Usual place of abode): San Carlos Ariz. If nonresident, give place and state
10. Color or race: 4/4 Indian — 11. Age at last birthday 20 (Years)	16. Color or race: 4/4 Indian — 17. Age at last birthday 19 (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: Day Laborer and Farmer — Nature of industry	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 X 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: 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.

Registrar.

Filed 2/6, 1924 B. G. Tia, County Registrar.

332-114-535

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.