

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145
County Registrar No. 59
Local Registrar No. _____

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

2. Full name of child Raymond Reedall
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 15 24
Month day year

5. FATHER
Full name Wallace Randall
9. Residence (Usual place of abode) Globe, Ariz
If nonresident, give place and state _____
10. Color or race 4/4 Indian
11. Age at last birthday 22 (Years)
12. Birthplace (city or place) San Carlos, Ariz
(State or country) _____
13. Occupation Laborer in Railroad Shops
Nature of industry _____

14. MOTHER
Full maiden name Mollie Roy
15. Residence (Usual place of abode) Globe, Ariz
If nonresident, give place and state _____
16. Color or race 1/4 Indian
17. Age at last birthday 23 (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 _____
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 2:10 p.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.
Given name added from a supplemental report _____
Month, day, year. _____
Signature C. H. Sawyer MD (Physician or midwife)
Address San Carlos, Ariz
Filed _____ 1924
Local Registrar R. H. Sawyer
County Registrar R. H. Sawyer

MARGIN RESERVE
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.

993-115-498