ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 96
County Registrar No. 158
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 Rosenda Jones } 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 2 / 1 / 24 (Month, day, year)

FATHER

8. Full name Butta ~~John F.~~ Jones
9. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz
10. Color or race 4/4 Indian
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) San Carlos
(State or country) Ariz
13. Occupation Laborer in Mines
Nature of industry Factories

MOTHER

14. Full maiden name Annie Martin
15. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz
16. Color or race 4/4 Indian
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) San Carlos
(State or country) Ariz
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 1
(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 I attended the birth of this child, who was born alive (Born alive or stillborn.) at 8 P. m. on the date above stated.

*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.
Registrar.

Filed ....., 19.....
C. H. Sawyer Local Registrar.

Filed 3/7, 1924
County Registrar.

912-201-145