1150

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109

County Registrar No. 156

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 Solton Reed — 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: 2 (Month) 5 (day) 24 (year)

8. FATHER

Full name: Rex Reed

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: 40 (Years)

12. Birthplace (city or place): San Carlos

(State or country): Ariz

13. Occupation: Carpenter

Nature of industry: ____

14. MOTHER

Full maiden name: May Naspugi

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: 36 (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: 4

(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 6 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.

Filed 3/7, 1924 [signature] County Registrar.

Registrar.

294-205-459

... a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.