

2271

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Globe  
Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123  
County Registrar No. 200  
Local Registrar No. \_\_\_\_\_

or Globe 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 Samuel Oshana Siger } 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 421 6. Legitimate? \_\_\_\_\_ 7. Date of birth 3 8 24 Month day year

3. FATHER  
Full name John B. Oshana Siger  
9. Residence (Usual place of abode) San Carlos  
If nonresident, give place and state Ariz  
10. Color or race 1/4 Indian  
11. Age at last birthday 31 (Years)  
12. Birthplace (city or place) San Carlos  
(State or country) Ariz  
13. Occupation Laborman  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Mollie Jello  
15. Residence (Usual place of abode) San Carlos  
If nonresident, give place and state Ariz  
16. Color or race 1/4 Indian  
17. Age at last birthday 31 (Years)  
18. Birthplace (city or place) San Carlos  
(State or country) Ariz  
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 3 (b) Born alive but now dead 6 (c) Stillborn \_\_\_\_\_ 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 1 P. m. on the date above stated. (Born alive or stillborn.)  
Signature C. H. Sawyer (Physician or midwife)  
Address San Carlos Ariz  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed 4-7 1924 Local Registrar. \_\_\_\_\_  
Filed 4-7 1924 County Registrar. \_\_\_\_\_

225-303-536