

1130

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 Cochise  
District of Rice  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166  
County Registrar No. 430  
Local Registrar No. \_\_\_\_\_

2. Full name of child Laura Luce  
If birth occurred in a hospital or institution, give its NAME instead of street and number) 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 5 27 24 Month day year

3. FATHER  
Full name James Luce

14. MOTHER  
Full maiden name Rhoda M. Hoode

9. Residence (Usual place of abode) Saw Mill  
If nonresident, give place and state

15. Residence (Usual place of abode) Saw Mill  
If nonresident, give place and state

10. Color or race 1/4 Indian 11. Age at last birthday 36 (Years)

16. Color or race 1/4 Indian 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Sau Carlos  
(State or country) Indian Reservation

18. Birthplace (city or place) Rice  
(State or country) Ariz

13. Occupation Laborer at  
Nature of industry Sawmill

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 1 (b) Born alive but now dead 2 (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 9 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 Sau Carlos Ariz  
Given name added from \_\_\_\_\_  
2 supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 6-5 1924  
Local Registrar. C. H. Sawyer  
County Registrar. B. J. Gray

335-527-975