

1421

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Yuma
District of Pendola
Town of Rice
or
City of _____ No. _____
State Index No. 1120
County Registrar No. 166
Local Registrar No. 17
St. _____ Ward _____

2. Full name of child Herbert Grant
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 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 6 1 24
Month Day Year

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| <p>8. FATHER Full name <u>George Grant</u> 9. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state 10. Color or race <u>4/4 Indian</u> 11. Age at last birthday <u>29</u> (Years) 12. Birthplace (city or place) <u>Rice Ariz</u> (State or country) 13. Occupation <u>Farmer</u> Nature of industry</p> | <p>14. MOTHER Full maiden name <u>Elena Kayson</u> 15. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state 16. Color or race <u>4/4 Indian</u> 17. Age at last birthday <u>20</u> (Years) 18. Birthplace (city or place) <u>Rice Ariz</u> (State or country) 19. Occupation <u>Housewife</u> Nature of industry</p> |
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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 at 1:57 m. on the date above stated.
(Born alive or stillborn.)

Signature E. H. Sawyer M.D.
Address San Carlos Ariz
(Physician or midwife)

*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 evidence of life after birth.

Given name added from _____
a supplemental report _____ Month, day, year.

Registrar. 873-601-525

Filed 3/19 1925 - E. H. Sawyer Local Registrar.
Filed 3/19 1925 - H. E. Wright County Registrar.