

1466

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 Yila  
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)

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156  
County Registrar No. 525  
Local Registrar No. \_\_\_\_\_

2. Full name of child Roger Smith  
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 17 24  
Month day year

8. FATHER  
Full name Clarence Smith

14. MOTHER  
Full maiden name Mariana Jello

9. Residence (Usual place of abode) San Carlos, Ariz.  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) San Carlos, Ariz.  
If nonresident, give place and state \_\_\_\_\_

10. Color or race 1/4 Indian  
11. Age at last birthday 24 (Years)

16. Color or race 1/4 Indian  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Carlos, Ariz.  
(State or country)

18. Birthplace (city or place) San Carlos, Ariz.  
(State or country)

13. Occupation Labormn  
Nature of industry \_\_\_\_\_

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 2  
(b) Born alive but now dead 0  
(c) Stillborn 1  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 P 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.  
Given name added from supplemental report \_\_\_\_\_  
Signature E. L. Woods M.D.  
(Physician or midwife)  
Address Rece Arizona  
Filed \_\_\_\_\_ 1924  
Month, day, year.  
Registrar. \_\_\_\_\_  
Filed AUG 5 1924  
Local Registrar. P. J. Fox  
County Registrar.

928-617-436