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NEVER WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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

1. County of Gila  
District of Rice  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136  
County Registrar No. 548  
Local Registrar No. \_\_\_\_\_

2. Full name of child Auretta Russell  
(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 7 13 24  
Month day year

8. FATHER  
Full name John Russell

14. MOTHER  
Full maiden name Rebecca Franklin

9. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state

15. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state

10. Color or race 4/4 Indian

16. Color or race 4/4 Indian

11. Age at last birthday 27 (Years)

17. Age at last birthday 28 (Years)

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

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

13. Occupation Laborer  
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 1  
(b) Born alive but now dead 3  
(c) Stillborn \_\_\_\_\_

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 8:00 m. on the date above stated.  
(Born alive or stillborn)

Signature C. L. Woods M.D.  
(Physician or midwife)  
Address Rice Ariz

Month, day, year. Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Registrar. Filed AUG 5 19 24  
Local Registrar. R. J. Dix  
County Registrar.

193-713-565