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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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila
 District of Rice
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____
 birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Walter Stearns { 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 _____ 6. Legitimate? _____
 5. No., in order of birth 4th 7. Date of birth 7 17 24
 Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Geo. Stearns</u>		Full maiden name <u>Gertrude Logan</u>	
9. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state	
10. Color or race <u>1/4 Indian</u>	11. Age at last birthday <u>21</u> (Years)	16. Color or race <u>1/4 Indian</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Rice Ariz</u> (State or country)		18. Birthplace (city or place) <u>Rice Ariz</u> (State or country)	
13. Occupation <u>Stationary Engineer</u> Nature of industry		19. Occupation <u>Housewife</u> 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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>No</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 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 evidence of life after birth.

Signature [Signature] (Physician or midwife)
 Address San Carlos Ariz

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

Filed _____ 19____
 Filed AUG 5 1924 B.G. J. O'Y Local Registrar.
 County Registrar.

622-717-735