

2411

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of Rice
Town of _____
or _____
City of _____ No. _____ St. _____ Ward _____

State Index No. 161
County Registrar No. 569
Local Registrar No. _____

2. Full name of child Nattie Hoffman
(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 25 24
Month day year

8. FATHER
Full name William Hoffman

14. MOTHER
Full maiden name Margaret Lalsun

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 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) Rice Ariz
(State or country)

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

13. Occupation
Nature of industry Farmer

19. Occupation
Nature of industry Housewife

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 _____ (c) Stillborn _____

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 7 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 (Physician or midwife)
Address Saul Carlsberg

Given name added from _____
supplemental report _____
Month, day, year. _____ Filed _____ 19 _____
Registrar. _____ Filed AUG 5 1924 _____
Local Registrar. C. H. Sawyer
County Registrar. B. J. Gray

885-725-475

WRITE FAINTLY 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.