1103

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

State Index No. 96

County Registrar No. 626

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of Globe

Town of Globe

or

City of Globe

No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Calvin McIntosh

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 8 (Month) 1 (Day) 24 (Year)

8. FATHER

Full name Donald McIntosh Sr

9. Residence (Usual place of abode) Globe, Ariz

If nonresident, give place and state

10. Color or race 4/4 Indian

11. Age at last birthday 42 (Years)

12. Birthplace (city or place) San Carlos Indian

(State or country) Reservation

13. Occupation Laborer in Foundry

Nature of industry

14. MOTHER

Full maiden name Nellie L.

15. Residence (Usual place of abode) Globe, Ariz

If nonresident, give place and state

16. Color or race 4/4 Indian

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) San Carlos

(State or country) Indian Reservation

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 3

(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 (Born alive or stillborn) at 31 m. on the date above stated.

*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 C H Sawyer MD (Physician or midwife)

Address San Carlos, Ariz

Given name added from a supplemental report

Month, day, year.

Filed 9-5, 1924 C H Sawyer BG Lo

Local Registrar.

Registrar.

Filed SEP 5, 1924 B G Lo

County Registrar.

348-801-580