

1163

PLACE OF BIRTH

1. County of Pima
District of Parish
Town of Rice
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 18301
County Registrar No. 148
Local Registrar No. 140

2. Full name of child Nat. Horn (If birth occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward _____

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 11 21 24 Month Day Year

8. FATHER Full name James Horn
9. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state _____

14. MOTHER Full maiden name Freda (?)
15. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state _____

10. Color or race 1/2 Indian
11. Age at last birthday 31 (Years)

16. Color or race 1/2 Indian
17. Age at last birthday 23 (Years)

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

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

13. Occupation Farmer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 3
(b) Born alive but now dead 1
(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 at 151 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 M.D.
Address San Carlos Ariz
(Physician or midwife)

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

Filed 3/9 1925 C. H. Sawyer
Local Registrar.

Registrar. _____

Filed 3/9 1925 U. S. Wright
County Registrar.

035-1121-600