

WRITE MAINLY 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
 District of Sau Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140  
 County Registrar No. 13  
 Local Registrar No. 8

2. Full name of child Eliza Duda No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 1 1 25  
 Month Day Year

8. FATHER Full name Allen Duda  
 9. Residence (Usual place of abode) Sau Carlos, Ariz  
 If non-resident, give place and state. Ariz  
 10. Color or race 1/2 Indian  
 11. Age at last birthday 37 (Years)  
 12. Birthplace (city or place) Sau Carlos Indian  
 (State or country) Reservation Ariz  
 13. Occupation Farmer  
 Nature of Industry

14. MOTHER Full maiden name Ada? (Lento)  
 15. Residence (Usual place of abode) Sau Carlos, Ariz  
 If non-resident, give place and state. Ariz  
 16. Color or race 1/2 Indian  
 17. Age at last birthday 34 (Years)  
 18. Birthplace (city or place) Payson, Ariz  
 (State or country)  
 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 6 (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 3 W 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 C. H. Sawyer M.D. (Physician or midwife).  
 Address Sau Carlos Ariz

Given name added from a supplemental report \_\_\_\_\_ Filed \_\_\_\_\_, 1925 Local Registrar. C. H. Sawyer  
 Month, day, year \_\_\_\_\_  
 \_\_\_\_\_ Filed 2/6, 1925 County Registrar. S. E. Wight  
 Registrar

545-101-100