

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of Sau Carlos
 Town of " " "
 or
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
 County Registrar No. 16
 Local Registrar No. 11

2. Name of child Kanoma Kichiyau } 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, triple or other _____
 5. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth 1 4 25
 Month day year

5. FATHER
 Full name Hekora Kichiyau
 9. Residence (Usual place of abode) Sau Carlos Ariz
 If nonresident, give place and state _____
 10. Color or race 1/4 Indian
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Sau Carlos Indian Reservation
 (State or country) _____
 13. Occupation Farmer
 Nature of industry _____

14. MOTHER
 Full maiden name Helen Banasau
 15. Residence (Usual place of abode) Sau Carlos Ariz
 If nonresident, give place and state _____
 16. Color or race 1/4 Indian
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Sau Carlos Ariz
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~attended~~ the birth of this child, who was born alive at 2:30 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 evidences of life after birth.
 Signature E. Sawyer, M.D. (Physician or midwife)
 Address Sau Carlos, Ariz
 Local Registrar E. Sawyer
 County Registrar E. F. Wylthine
 Filed 2/4 1925
 Registrar _____

925-104-825