

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. 5.—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 Gila  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 220  
 County Registrar No. 164  
 Local Registrar No. 15

2. Full name of child Marie M. Intosh  
 (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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 1 26 25  
 Month Day Year

8. FATHER  
 Full name Wade M. Intosh

14. MOTHER  
 Full maiden name Grace Kate

9. Residence (Usual place of abode) San Carlos Ariz  
 If non-resident, give place and state.

15. Residence (Usual place of abode) San Carlos Ariz  
 If non-resident, give place and state.

10. Color or race 1/4 Indian

11. Age at last birthday 25 (Years)

16. Color or race 1/4 Indian

17. Age at last birthday 20 (Years)

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

18. Birthplace (city or place) San Carlos Ariz  
 (State or country)

13. Occupation Common Labor  
 Nature of industry

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 2  
 (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 ~~attended~~ the birth of this child, who was born alive at 11 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 evidence of life after birth.

Signature C. H. Sawyer M.D. (Physician or midwife)

Address San Carlos Ariz

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Filed 3/19 1925 C. H. Sawyer Local Registrar.

Registrar \_\_\_\_\_ Filed 3/19 1925 G. E. Wightman County Registrar

448-126-751