

... WITH UNFOLDING THIS IS A PERMANENT RECORD 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

1. County of Hila  
District of Papchoh  
Town of Rice  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
County Registrar No. 162  
Local Registrar No. 13

2. Full name of child Juilla Enfield (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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 498 6. Legitimate? yes 7. Date of birth 2 18 25 Month day year

8. FATHER Full name Thomas Enfield  
9. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race 1/4 Indian  
11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) Rice Ariz  
(State or country) \_\_\_\_\_  
13. Occupation Labour  
Nature of industry \_\_\_\_\_

14. MOTHER Full maiden name Goddie Victor  
15. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race 1/4 Indian  
17. Age at last birthday 27 (Years)  
18. Birthplace (city or place) Rice Ariz  
(State or country) \_\_\_\_\_  
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 0  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.) 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 \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn.)

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.  
Filed 3/19 1925 E. E. Wightman County Registrar.

954-218-759