

WRITE PL. WITH UNFA. IS IS A PERMANENT RECORD. 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168
County Registrar No. 161
Local Registrar No. 12

PLACE OF BIRTH
1. County of Gila
District of San Carlos
Town of _____
or
City of _____

No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Washington Case } If child is not yet named, make supplemental report, as directed.

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. 1st }
6. Legitimate? yes }
7. Date of birth 2 21 25
Month day year

8. FATHER
Full name Leoris Case

14. MOTHER
Full maiden name Lucy Steva Hood

9. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state

15. 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 36 (Years)

16. Color or race 1/4 Indian

17. Age at last birthday 44 (Years)

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

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

13. Occupation Indian Policeman
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 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 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. Washington County Registrar

635-221-374