

MARGIN RESERVED FOR BINDING
 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
 County Registrar No. _____
 Local Registrar No. _____

PLACE OF BIRTH
 1. County of Pima
 District of Pondab
 Town of Rice
 or _____
 City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 St. _____ Ward _____

2. Full name of child Ruth Clark { 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
 7. Date of birth 7 8 25
 Month Day Year

8. FATHER
 Full name Joseph Clark
 9. Residence (Usual place of abode) Rice, Arizona
 If non-resident, give place and state.
 10. Color or race 1/4 Indian
 11. Age at last birthday 43 (Years)
 12. Birthplace (city or place) Rice
 (State or country) Ariz.
 13. Occupation
 Nature of industry Farmer

14. MOTHER
 Full maiden name Mildred Nelson
 15. Residence (Usual place of abode) Rice, Arizona
 If non-resident, give place and state.
 16. Color or race 1/4 Indian
 17. Age at last birthday 17 (Years)
 18. Birthplace (city or place) Rice
 (State or country) Ariz.
 19. Occupation
 Nature of industry Housewife

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 1
 (b) Born alive but now dead 0
 (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 H.A. 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 E.A. Sawyer M.D. (Physician or midwife).
 Address Saw Carlos, Ariz.

Given name added from a supplemental report _____ Filed _____ 19____
 Month, day, year
 _____ Filed _____ 19____
 Registrar County Registrar

932-308-455