

PLACE OF BIRTH

1. County of Yuma

District of _____

Town of _____

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 145

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Robert Burdett (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(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 _____ 6. Legitimate? yes 7. Date of birth 3 11 25
Month Day Year8. FATHER
Full name Wallace Burdett9. Residence (Usual place of abode) Globe, Ariz
If non-resident, give place and state.10. Color or race 1/4 Indian 11. Age at last birthday 46 (Years)12. Birthplace (city or place) San Carlos, Ariz
(State or country)13. Occupation Common Laborer
Nature of industry14. MOTHER
Full maiden name Elouise Gardner15. Residence (Usual place of abode) Globe, Ariz
If non-resident, give place and state.16. Color or race 1/4 Indian 17. Age at last birthday 42 (Years)18. Birthplace (city or place) San Carlos, Ariz
(State or country)19. Occupation Housewife
Nature of industry20. 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 6
(b) Born alive but now dead ?
(c) Stillborn 021. 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 10 a 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.Address San Carlos, Ariz (Physician or midwife)Given name added from a supplemental report. Month, day, year _____ Filed _____ 19 _____
Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar

923-311-579

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. If 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.