

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184
County Registrar No. _____
Local Registrar No. _____

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

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

2. Full name of child Henry Lang } 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 25 25
Month day year

8. FATHER
Full name Mass Lang
9. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz
10. Color or race 1/2 Indian
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) San Carlos
(State or country) Ariz
13. Occupation Common Laborer
Nature of industry _____

14. MOTHER
Full maiden name Della Hooke
15. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz
16. Color or race 1/2 Indian
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) San Carlos
(State or country) Ariz
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 4
(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 ~~attended~~ the birth of this child, who was born alive at 5 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature C. H. Sawyer M.D. (Physician or midwife)
Address San Carlos Ariz
Month, day, year. _____ Filed _____
Local Registrar. C. H. Sawyer

Registrar. _____ Filed _____ County Registrar. _____

837-325-485

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