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. 152

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

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 Donald Deane

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?

7. Date of birth: 4 (Month) 9 (day) 25 (year)

FATHER

8. Full name: Harry Deane (?)

9. Residence (Usual place of abode): San Carlos

If nonresident, give place and state: Ariz

10. Color or race: 4/4 Indian

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): San Carlos

(State or country): Ariz

13. Occupation: Common Laborer

Nature of industry

MOTHER

14. Full maiden name: Faith Burr

15. Residence (Usual place of abode): San Carlos

If nonresident, give place and state: Ariz

16. Color or race: 4/4 Indian

17. Age at last birthday: 25 (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 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 3

(b) Born alive but now dead: 0

(c) Stillborn: 1

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 (Born alive or stillborn.) at 6 a.m. on the date above stated.

*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 MD (Physician or midwife)

Address: San Carlos Ariz

Given name added from a supplemental report ..... Month, day, year. Filed ....., 19..

C H Sawyer Local Registrar.

Registrar. Filed ....., 19.. County Registrar.

445-409-129