

PLACE OF BIRTH

1. County of Pima
 District of Rice
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Steebom Victor (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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 4. 22. 25
 5. No. in order of birth. Month Day Year

8. FATHER
 Full name Merritt Victor
 9. Residence (Usual place of abode) Rice
 If non-resident, give place and state. Ariz
 10. Color or race 1/4 Indian
 11. Age at last birthday 40 (Years)
 12. Birthplace (city or place) San Carlos
 (State or country) Ariz
 13. Occupation Common Labor
 Nature of industry

14. MOTHER
 Full maiden name May Pearl
 15. Residence (Usual place of abode) Rice
 If non-resident, give place and state. Ariz
 16. Color or race 1/4 Indian
 17. Age at last birthday 42 (Years)
 18. Birthplace (city or place) San Carlos
 (State or country) Ariz
 19. Occupation Housewife at home
 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 2 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 Steebom at 8 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 evidence of life after birth.

Signature E. L. Woods, M.D. (Physician or midwife.)

Address Rice Ariz

Given name added from a supplemental report

Month, day, year

Filed _____, 19____

Registrar

Filed _____, 19____

E. H. Sawyer
Local Registrar.

County Registrar.

059-1122-579