

## PLACE OF BIRTH

1. County of Hila  
 District of Sau Carlos  
 Town of " " " " " "  
 or  
 City of " " " " " "

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Vincent Cook (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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 \_\_\_\_\_ 6. Legitimate? Yes  
 5. No., in order of birth. \_\_\_\_\_ 7. Date of birth 5 1 25  
 Month Day Year

8. FATHER  
 Full name James Cook  
 9. Residence (Usual place of abode) Sau Carlos Ariz  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Clara Cassa  
 15. Residence (Usual place of abode) Sau Carlos Ariz  
 If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 27 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Sau Carlos, Ariz  
 (State or country)

18. Birthplace (city or place)  
 (State or country)

13. Occupation  
 Nature of Industry Common Laborer

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

I hereby certify that I Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 attended the birth of this child, who was born alive at 7 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.  
 (Physician or midwife)

Address Sau Carlos, Ariz

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

C. H. Sawyer  
 Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

532-501-331

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.