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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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)

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 Edith Clark
(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
5. No., in order of birth
6. Legitimate? yes
7. Date of birth 5 10 25 (Month Day Year)

FATHER

8. Full name: Peter Clark
9. Residence (Usual place of abode): San Carlos, Ariz
If non-resident, give place and state.
10. Color or race: 4/4 Indian
11. Age at last birthday 23 (Years)
12. Birthplace (city or place): San Carlos
(State or country): Ariz
13. Occupation: Farmer
Nature of Industry

MOTHER

14. Full maiden name: Florence Allen
15. Residence (Usual place of abode): San Carlos
If non-resident, give place and state. Ariz
16. Color or race: 4/4 Indian
17. Age at last birthday 21 (Years)
18. Birthplace (city or place): San Carlos Reservation
(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 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ Report the birth of this child, who was born alive (Born alive or stillborn) at 8 P 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 evidence 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.

532-510-615