

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 order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of San Carlos
 Town of _____
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 246
 County Registrar No. _____
 Local Registrar No. _____

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

2. Full name of child Willard Phillips
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 5 30 25
Month Day Year

8. FATHER
 Full name George Phillips
 9. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state.
 10. Color or race 1/2 Indian
 11. Age at last birthday 42 (Years)
 12. Birthplace (city or place) San Carlos, Ariz
 (State or country)
 13. Occupation Farmer
 Nature of industry

14. MOTHER
 Full maiden name Gertrude Bell
 15. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state.
 16. Color or race 1/4 Indian
 17. Age at last birthday 34 (Years)
 18. Birthplace (city or place) San Carlos, Ariz
 (State or country)
 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 5
 (b) Born alive but now dead 2
 (c) Stillborn 0
 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 born alive at 6 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.
 Address San Carlos Ariz
(Physician or midwife.)

Given name added from a supplemental report _____ Filed _____ 19____
 Month, day, year
 _____ Filed _____ 19____
 Registrar _____ Local Registrar _____
 _____ County Registrar _____

672-530-723