

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Howard Henry (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 6 3 25 Month Day Year

8. FATHER
 Full name Robert Henry

14. MOTHER
 Full maiden name Cecilia Nelson

9. Residence (Usual place of abode) San Carlos
 If non-resident, give place and state. Ariz

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 If non-resident, give place and state. Ariz

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 23 (Years)

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

18. Birthplace (city or place) San Carlos
 (State or country) Ariz

13. Occupation
 Nature of industry Teamster

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive at 9:30 AM 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 San Carlos Ariz

Given name added from a supplemental report _____ Filed _____, 19____

C. H. Sawyer
 Local Registrar

Registrar _____ Filed _____, 19____

County Registrar _____

844 - 603 - 355

WRITE FULLY 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.