PLACE OF BIRTH

1. County of Gila

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. 135

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 Fuller 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 6. 5. 25 (Month Day Year)

FATHER

8. Full name: Lee Phillips

9. Residence (Usual place of abode): San Carlos

If non-resident, give place and state. Ariz

10. Color or race: 4/4 Indian

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) San Carlos

(State or country) Ariz

13. Occupation

Nature of industry: Farmer

MOTHER

14. Full maiden name: Mary Harris

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 24 (Years)

18. Birthplace (city or place) San Carlos.

(State or country) Ariz

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 4

(b) Born alive but now dead 1

(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 (Born alive or stillborn.) at 5 a.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

672 – 605 – 482

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.