

PLACE OF BIRTH

1. County of Hila
 District of Roswell
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Rocco Smith (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. _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth 6 8 25
 Month Day Year

8. FATHER
 Full name Walter Smith

14. MOTHER
 Full maiden name Lela Braer

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

15. Residence (Usual place of abode) Roswell Ariz
 If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 40 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) White River Agency
 (State or country) Arizona

18. Birthplace (city or place) White River Agency
 (State or country) Arizona

13. Occupation
 Nature of Industry Copper 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 2
 (c) Stillborn _____ 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 8 P 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 MD
 Address San Carlos Ariz (Physician or midwife).

Given name added from a supplemental report _____ Filed _____ 19____
 Month, day, year _____ C. H. Sawyer
 Local Registrar.

Registrar _____ Filed _____ 19____
 County Registrar

978-608-325

MARGIN RESERVED FOR BINDING. 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.