

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
 District of Peridot
 Town of Rice
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168
 County Registrar No. _____
 Local Registrar No. _____

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

2. Full name of child Stanton Norman (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 16 25
 Month Day Year

8. FATHER
 Full name Benjamin Norman

14. MOTHER
 Full maiden name Minnie (?)

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

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

10. Color or race 1/4 Indian

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11. Age at last birthday 34 (Years)

17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Rice Ariz
 (State or country)

18. Birthplace (city or place) Rice Ariz
 (State or country)

13. Occupation
 Nature of industry Printer

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 2
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I Report attended the birth of this child, who was born alive at 4 W 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 _____ Local Registrar.

Registrar

Filed _____ 19____

County Registrar

234 - (016) 400

MAXIMUM REPRODUCED FOR BIRTH RECORD
 Y 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.
 WRITE PL: _____