

MARGIN RESERVED FOR BIRTH RECORD  
 ONLY WITH UNFADING INK—THIS IS A "PERMANENT" RECORD  
 WRITE ONLY 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.

## ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH  
 1. County of Pinal  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

### BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Daisy Dillon { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 7 11 25  
 Month Day Year

8. FATHER  
 Full name Frank Dillon  
 9. Residence (Usual place of abode) San Carlos  
 If non-resident, give place and state. Ariz  
 10. Color or race 1/2 Indian  
 11. Age at last birthday 43 (Years)  
 12. Birthplace (city or place) San Carlos Res  
 (State or country) Ariz  
 13. Occupation Farmer  
 Nature of industry

14. MOTHER  
 Full maiden name Heleen Hopkins  
 15. Residence (Usual place of abode) San Carlos  
 If non-resident, give place and state. Ariz  
 16. Color or race 1/2 Indian  
 17. Age at last birthday 46 (Years)  
 18. Birthplace (city or place) San Carlos, Res.  
 (State or country) Ariz  
 19. Occupation \_\_\_\_\_  
 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 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 21. Were precautions taken against ophthalmia neonatorum? no

I hereby certify that I Report **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 the birth of this child, who was born alive at 9 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 M.D. (Physician or midwife.)  
 Address San Carlos Ariz

Given name added from a supplemental report. Filed \_\_\_\_\_ 19\_\_\_\_  
 Month, day, year  
445-711-882 Registrar  
 Filed \_\_\_\_\_ 19\_\_\_\_  
 Local Registrar  
 County Registrar