

WRITES 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.

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. 132  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Rosie Randall (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 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 8-2-25  
 Month day year

3. FATHER  
 Full name Benjamin Randall

14. MOTHER  
 Full maiden name Susana Kudana

9. Residence (Usual place of abode) San Carlos, Ariz  
 If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) San Carlos, Ariz  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race 4/4 Indian

11. Age at last birthday 44 (Years)

16. Color or race 4/4 Indian

17. Age at last birthday 30 (Years)

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

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

13. Occupation Interpreter  
 Nature of industry \_\_\_\_\_

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 6  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9 a.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 evidences of life after birth.  
 Signature C. H. Sawyer (Physician or midwife)  
 Address San Carlos Ariz

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
 Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
 Local Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

993-802-221