

CERTIFICATE AMENDED

PLACE OF BIRTH

SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of _____

Town of _____

or _____

City of Mesa

BUREAU OF VITAL STATISTICS

State Index No. 364

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

***CHILD'S NAME CHANGED AS PER AFFIDAVIT TO CORRECT VITAL RECORD ALSO FROM A CHILD'S BIRTH RECORDED 7-8-74 bwo**

Local Registrar No. _____

No. _____ St. _____ Ward _____

2. Full name of child Blossam Haoyous

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin/triplet or other _____

6. Legitimate? yes

7. Date of birth 8 18 25
Month Day Year

Female

5. No., in order of birth _____

8. FATHER
Full name Leel Haoyous

14. MOTHER
Full maiden name Alice Brown

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

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

10. Color or race 1/4 Indian

11. Age at last birthday 31 (Years)

16. Color or race 1/4 Indian

17. Age at last birthday 20 (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 Cowman Laborer
Nature of industry

19. Occupation Housewife
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 3
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

I hereby certify that I ^{Report} attended the birth of this child, who was born alive at 6 W m. on the date above stated
a (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____

C. H. Sawyer
Local Registrar.

Registrar _____ Filed _____ 19____

County Registrar

482-818-125