

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.

PLACE OF BIRTH

1. County of Yuma
 District of Rice
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 101
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Helen Hado No. _____ (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 9 10 25
 Month Day Year

8. FATHER
 Full name Frank Hado
 9. Residence (Usual place of abode) Rice Ariz
 If non-resident, give place and state.
 10. Color or race 1/4 Indian
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Rice
 (State or country) Ariz
 13. Occupation Farmer
 Nature of industry

14. MOTHER
 Full maiden name Vera Miller
 15. Residence (Usual place of abode) Rice
 If non-resident, give place and state. Ariz
 16. Color or race 1/4 Indian
 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) Rice
 (State or country) Ariz
 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

Report. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 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. Month, day, year _____ Filed _____, 19____
886-910-549 Registrar _____ Filed _____, 19____
 Local Registrar. _____
 County Registrar.