

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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of San Carlos
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Donald Wade Dignan (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 9 19 25
 Month Day Year

8. FATHER
 Full name Wade James Dignan

14. MOTHER
 Full maiden name Kellie L. King

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

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

10. Color or race white 11. Age at last birthday 38 (Years)

16. Color or race white 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Pittsburgh
 (State or country) Pa.

18. Birthplace (city or place) Lexington
 (State or country) Kansas

13. Occupation Stationery Engineer
 Nature of industry _____

19. Occupation Stenographer
 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 2
 (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 1 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
4/15-919-527 _____
 Registrar _____ Filed _____, 19____
 County Registrar.