

## PLACE OF BIRTH

1. County of Gila  
 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. 134  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nattie Hunter (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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 10 20 25  
 Month Day Year

8. FATHER  
 Full name Martin Hunter

14. MOTHER  
 Full maiden name Matilda Dillon

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

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

10. Color or race 1/4 Indian  
 11. Age at last birthday 30 (Years)

16. Color or race 1/4 Indian  
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Bylas  
 (State or country) Ariz

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

13. Occupation Farmer  
 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 1  
 (b) Born alive but now dead 1  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

Repub CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of this child, who was born alive at 9 P m. on the date above stated  
 (Born live 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 \_\_\_\_\_ C. H. Sawyer Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
 County Registrar.

889-1002-455

N. B. - In Case of  
 said at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.  
 AN, AND RECORD