

PLACE OF BIRTH

1. County of Yuma
 District of San Carlos
 Town of _____
 or _____
 City of _____ No. _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Thelma Juan (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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 10 4 25
 Month Day Year

8. FATHER
 Full name Leo Juan

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

10. Color or race 4/4 Indian 11. Age at last birthday 35 (Years)

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

13. Occupation Commission Laborer
 Nature of Industry _____

14. MOTHER
 Full maiden name Honora Delma

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

16. Color or race 4/4 Indian 17. Age at last birthday 32 (Years)

18. Birthplace (city or place) San Carlos
 (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 1
 (b) Born alive but now dead 1
 (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 10 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 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 _____ Local Registrar. C. H. Sawyer

Registrar Filed _____ 19____ County Registrar.

615-1004-641

WRITE NAME, SEX, RACE, RELIGION, and the number of children in case of more than one child at a birth, in order of birth stated.

WRITE RECORD