ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
County Registrar No.
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of River
Town of "
or
City of ..... No. ..... St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sarah Stevens (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: Month 10 Day 6 Year 25

FATHER

8. Full name: William Stevens
9. Residence (Usual place of abode): Globe
If non-resident, give place and state: Arizona
10. Color or race: 4/4 Indian
11. Age at last birthday: 45 (Years)
12. Birthplace (city or place): San Carlos Res.
(State or country): Ariz
13. Occupation: Court Interpeter
Nature of industry

MOTHER

14. Full maiden name: Emma ?
15. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz
16. Color or race: 4/4 Indian
17. Age at last birthday: 43 (Years)
18. Birthplace (city or place): San Carlos Res.
(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 9
(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 (Born alive or stillborn.) at 9 a.m. on the date above stated

Signature C H Sawyer MD (Physician or midwife).
Address San Carlos Ariz

* 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.

Given name added from a supplemental report ..... Filed ..... 19..... C H Sawyer Local Registrar.
Month, day, year

..... Registrar Filed ..... 19..... County Registrar.

222-1006-500

N. B.—In case of more than one child at a birth, a SEPARATE RECORD must be made for each, and the numb order of birth stated.

WRITE PLAINLY with UNFADING I