

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 206
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Marie Dewey (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 27 25
 Month Day Year

8. FATHER
 Full name John Dewey
 9. Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.
 10. Color or race 4/4 Indian
 11. Age at last birthday 32 (Years)

14. MOTHER
 Full maiden name Mary ?
 15. Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.
 16. Color or race 4/4 Indian
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) San Carlos
 (State or country) Ariz
 13. Occupation Common Laborer
 Nature of Industry

18. Birthplace (city or place) San Carlos, Reservation
 (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 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 3 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.
 Address San Carlos, Ariz (Physician or midwife)

Given name added from a supplemental report. Filed _____, 19____
 Month, day, year _____
 Local Registrar.

Registrar _____ Filed _____, 19____
 County Registrar.

448-1027-400

FILE RECORD for each, and the number of each in

WHILE PLAINLY WITH UN- order of birth status.

In case of more than one child at a birth, a SE-