

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO. d.—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 Yuma
 District of San Carlos
 Town of _____
 or _____
 City of _____ No. _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 215
 County Registrar No. _____
 Local Registrar No. _____

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 Rachel Randall (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>10 31 25</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
 Full name John Randall
 9. Residence (Usual place of abode) San Carlos Ariz
 If non-resident, give place and state.
 10. Color or race 4/4 Indian
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) San Carlos Ariz
 (State or country)
 13. Occupation Common Laborer
 Nature of industry

14. MOTHER
 Full maiden name Lella Astor
 15. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state.
 16. Color or race 4/4 Indian
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) San Carlos Ariz
 (State or country)
 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 <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>No</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn <u>0</u>	

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 9 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 [Signature]
 Address San Carlos, Ariz
 (Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____
 Filed _____ 19____
 Registrar _____
 Filed _____ 19____
 County Registrar [Signature]

993-1031-919