ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
County Registrar No.
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of Globe
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 Daniel Young. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male
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 2 (Month) 12 (Day) 26 (Year)

8. FATHER
Full name Richard Young
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz
10. Color or race 4/4 Indian
11. Age at last birthday 20 (Years)
12. Birthplace (city or place) San Carlos
(State or country) Ariz
13. Occupation Common Laborer
Nature of industry

14. MOTHER
Full maiden name Gertrude Morgan
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 23 (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 4
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ Reported the birth of this child, who was born alive (Born alive or stillborn.) at 9 P m. on the date above stated

* 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 MD (Physician or midwife).
Address San Carlos Ariz

...dded from ...l report ..... Filed ....., 19.... C H Sawyer
Month, day, year — Local Registrar.

..... Registrar — Filed ....., 19.... ..... County Registrar.

487-212-745

...e 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.