ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171
County Registrar No.
Local Registrar No.

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

2. Full name of child Malinda Smith (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 2 25 26 (Month Day Year)

8. FATHER
Full name Clarence Smith
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 27 (Years)
12. Birthplace (city or place) Rice
(State or country) Ariz
13. Occupation Machinist
Nature of industry

14. MOTHER
Full maiden name Mariana Tello
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
(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 2
(b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ Report 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

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

Registrar Filed, 19 County Registrar.

428-225-436

N. B.—In case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each in order of birth stated.