

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.

V

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH
1. County of Yuma
District of Rice
Town of " "
or " "
City of " " No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Joseph William Nozic (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 Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 1st
6. Legitimate? _____ 7. Date of birth 2 26 26
Month Day Year

8. FATHER
Full name William Nozic
9. Residence (Usual place of abode) Rice
If non-resident, give place and state. Ariz
10. Color or race 4/4 Indian
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Rice
(State or country) Ariz
13. Occupation Common Laborer
Nature of industry _____

14. MOTHER
Full maiden name April McCloud
15. Residence (Usual place of abode) Rice
If non-resident, give place and state. Ariz
16. Color or race 4/4 Indian
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Rice
(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 1
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
I hereby certify that I attended the birth of this child, who was born alive at ? 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 Dr. Sawyer MD
Address San Carlos Ariz
(Physician or midwife)

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

155-226-144