

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Yuma  
 District of San Carlos  
 Town of "  
 or  
 City of \_\_\_\_\_ No \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Stillborn Lee (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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 3 11 26  
 Month Day Year

8. FATHER  
 Full name Walter Lee  
 9. Residence (Usual place of abode) San Carlos, Ariz  
 If non-resident, give place and state. \_\_\_\_\_

14. MOTHER  
 Full maiden name Ara Baefish  
 15. 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 30 (Years)

16. Color or race 4/4 Indian  
 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) White River, Ariz  
 (State or country) \_\_\_\_\_

18. Birthplace (city or place) San Carlos, Ariz  
 (State or country) \_\_\_\_\_

13. Occupation Common Laborer  
 Nature of Industry \_\_\_\_\_

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 8  
 (c) Stillborn 1

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 Stillborn at 1 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 [Signature]  
 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

635-311-178

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.