

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 197
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Pima
District of San Carlos
Town of _____
or _____
City of _____

2. Full name of child Emily Jones (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
{ 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 yes
6. Legitimate? yes
7. Date of birth 3 31 26
Month Day Year

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

14. MOTHER
Full maiden name Annie Martin
15. Residence (Usual place of abode) Keokuk, Iow
If non-resident, give place and state.
16. Color or race 4/4 Indian
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) San Carlos
(State or country) Iow
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 1
(b) Born alive but now dead 1
(c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 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 O. H. Sawyer M.D.
Address San Carlos, Iow
(Physician or midwife)

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

512-331-145

WRITE ONLY 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.