

ANY INFORMATION IN THIS SPACE IS A CHECK, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

1. County of Gila
District of Hecla
Town of _____
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126
County Registrar No. _____
Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Charles H. Astor

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 495 6. Legitimate? yes 7. Date of birth 4 4 26 Month Day Year

8. FATHER Full name Alcmission Astor

14. MOTHER Full maiden name Dorris Johnson

9. Residence (Usual place of abode) Hecla Ariz
If non-resident, give place and state.

15. Residence (Usual place of abode) Hecla Ariz
If non-resident, give place and state.

10. Color or race 1/4 Indian

11. Age at last birthday 24 (Years)

16. Color or race 1/4 Indian

17. Age at last birthday 31 (Years)

12. Birthplace (city or place) San Carlos 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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 2:30 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 C H Sanger (Physician or midwife.)
Address San Carlos Ariz

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

Registrar _____ Filed _____ 19____
County Registrar.

319-404-415