

THIS FORM SHALL BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

V

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
District of Rice  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Silas Stone { 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? yes 7. Date of birth 4 23 26 Month Day Year

8. FATHER Full name Frank Stone

14. MOTHER Full maiden name Edna Pieson

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

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

10. Color or race 4/4 Indian 11. Age at last birthday 23 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Payson Ariz (State or country)

18. Birthplace (city or place) Rice 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? no

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was born alive at 4 W 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 P. H. Sawyer M.D. (Physician or midwife.) Address San Carlos, Ariz

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

225-422-534