

Y

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Tulsa

District of Rice

Town of \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

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 Betty Ann Belvoda (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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 4 26 26 Month Day Year

8. FATHER Full name George Belvoda

14. MOTHER Full maiden name Minnie Hinton

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

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10. Color or race 4/4 Indian 11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) San Carlos Ariz (State or country)

18. Birthplace (city or place) Rice Ariz (State or country)

13. Occupation Nature of industry Clerk in Store

19. Occupation Nature of industry Housewife

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 0 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

I hereby certify that I attended the birth of this child, who was born alive at 5 a 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 CH Sawyer MD (Physician or midwife) Address San Carlos Ariz

Given name added from a supplemental report. \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ Local Registrar. \_\_\_\_\_

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar. \_\_\_\_\_

226-426-485

order of birth stated.