

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of San Carlos

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

or \_\_\_\_\_

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

BUREAU OF VITAL STATISTICS

State Index No. 107

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Henry Harney

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate?

7. Date of birth 5 1 26  
Month Day YearMale

5. No., in order of birth \_\_\_\_\_

yes

8. FATHER

Full name

Gilbert Harney

14. MOTHER

Full maiden name

Kellie Dickens9. Residence  
(Usual place of abode)San Carlos, Ariz15. Residence  
(Usual place of abode)San Carlos, Ariz

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

4/4 Indian11. Age at last birthday 25 (Years)

16. Color or race

4/4 Indian17. Age at last birthday 24 (Years)

12. Birthplace (city or place)

San Carlos, Ariz

(State or country)

18. Birthplace (city or place)

St. McDowell, Ariz

(State or country)

13. Occupation

Nature of industry

Common Laborer

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 3(b) Born alive but now dead 0(c) Stillborn 0

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 born alive at 4 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

Address

Dr. H. Sawyer, M.D.  
(Physician or midwife.)San Carlos, Ariz

Given name added from a supplemental report.

Month, day, year

Filed \_\_\_\_\_, 19\_\_\_\_

Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

Registrar

888-501-3421