

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.

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 169  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township San Carlos or Village San Carlos  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margorie Clark  
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>5 22 26</u> Month Day Year
5. No., in order of birth _____				

8. FATHER  
Full name Percy Clark

14. MOTHER  
Full maiden name Evelyn Chase

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

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

10. Color or race 1/4 Indian  
11. Age at last birthday 22 (Years)

16. Color or race 1/4 Indian  
17. Age at last birthday 21 (Years)

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

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

13. Occupation  
Nature of industry Farmer

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

Refused CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
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 O. H. Sawyer M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address San Carlos Ariz  
Filed \_\_\_\_\_, 19 \_\_\_\_\_  
O. H. Sawyer  
Registrar

432-522-535