

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
 District of Miami
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Benjamin Reel (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 _____ 6. Legitimate? yes 7. Date of birth 5 23 26
 Month Day Year

8. FATHER
 Full name John Reel
 9. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Etta Big Spring
 15. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.

10. Color or race 1/4 Indian 11. Age at last birthday 25 (Years)

16. Color or race 1/4 Indian 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Camp Verde 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 2
 (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 9 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 C. H. Sawyer M.D. (Physician or midwife.)
 Address San Carlos Ariz

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

Registrar _____ Filed _____, 19____ County Registrar.

N. B. In case of more than one child at birth, a separate order of birth should be filed for each child.

226-523-527