

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Rice
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Stillborn Russell
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 6-9-26
Month day year

3. FATHER
Full name John Russell
9. Residence (Usual place of abode) Rice
If nonresident, give place and state Ariz
10. Color or race 4/4 Indian
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) Rice
(State or country) Ariz
13. Occupation
Nature of industry Farmer

14. MOTHER
Full maiden name Minerva Russell
15. Residence (Usual place of abode) Rice
If nonresident, give place and state Arizona
16. Color or race 4/4 Indian
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Rice
(State or country) Ariz
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 6 (b) Born alive but now dead _____ (c) Stillborn 1
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 Stillborn at _____ 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 evidences of life after birth.
Signature B. O. Houscher, M.D.
(Physician or midwife)

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

Registrar. _____ Filed _____ 19 _____
County Registrar. _____

093-609-465