

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

State File No. 119
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Rice or Village Rice
 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 Marie MacKay { 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 7 6 26
 Month Day Year

8. FATHER
 Full name Lewis MacKay

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

10. Color or race 4/4 Indian 11. Age at last birthday 28 (Years)

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

13. Occupation Common laborer
 Nature of industry

14. MOTHER
 Full maiden name Maggie Miller

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

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

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

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 1
 (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 10 P 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 MD
 (Physician or midwife).

Given name added from a supplemental report _____ Address Law Center Bldg

Month, day, year _____ Filed _____, 19 _____
 Registrar C. H. Sawyer Registrar

448-706-441

W.C.E. PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—SEPARATE RETURN must be made for each, and the number of each in order of birth stated. 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.