

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.
 WHEN PLAINLY WITH UNFADING INK—THIS IS A FEMALE, & RECORD

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of Sau Carlos

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127

County Registrar No. _____

Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Clifford Randall } 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 7 10 26 Month day year

3. FATHER Full name Oscar Randall

9. Residence (Usual place of abode) Sau Carlos Ariz
If nonresident, give place and state _____

10. Color or race 4/4 Indian

11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Sau Carlos Ariz
(State or country) _____

13. Occupation Blacksmith
Nature of industry _____

14. MOTHER Full maiden name Maude Johnson

15. Residence (Usual place of abode) Sau Carlos Ariz
If nonresident, give place and state _____

16. Color or race 4/4 Indian 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Sau Carlos Ariz
(State or country) _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 1 (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 AM on the date above stated. (Born alive or stillborn.)

Signature C. H. Sawyer M.D. (Physician or midwife)
Address Sau Carlos Ariz

Given name added from a supplemental report _____ Filed _____, 19____
Month, day, year. _____

Registrar, _____ Filed _____, 19____
County Registrar, _____

393-710-415