ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 219
County Registrar No.
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of San Carlos
Town of "
or
City of " " No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vivian Edwards } 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: 8 (Month) 27 (day) 26 (year)

FATHER	MOTHER
8. Full name: Arthur Edwards	14. Full maiden name: Marian Phillips
9. Residence (Usual place of abode): San Carlos	15. Residence (Usual place of abode): San Carlos
If nonresident, give place and state: Ariz	If nonresident, give place and state: Ariz
10. Color or race: 4/4 Indian	16. Color or race: 4/4 Indian
11. Age at last birthday: 22 (Years)	17. Age at last birthday: 19 (Years)
12. Birthplace (city or place): San Carlos	18. Birthplace (city or place): San Carlos
(State or country): Ariz	(State or country): Ariz
13. Occupation: Common Laborer	19. Occupation: Housewife
Nature of industry	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? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 9:30 A.M. on the date above stated.

*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: C. H. Sawyer M.D. (Physician or midwife)
Address: San Carlos Ariz

Given name added from a supplemental report ..... Month, day, year.

Filed ....., 19.... C. H. Sawyer Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

552-837-472