

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 Hila

District of Rice

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Roletta Case (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

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

9 2 26
Month day year

Female

5. No., in order of birth

yes

8. FATHER

Full name

Eugene Case

14. MOTHER

Full maiden name

Grace Mahsill

9. Residence

(Usual place of abode)

Rice

15. Residence

(Usual place of abode)

Rice Ariz

If nonresident, give place and state

Ariz

If nonresident, give place and state

10. Color or race

1/2 Indian

11. Age at last birthday 26 (Years)

16. Color or race

1/2 Indian

17. Age at last birthday 26 (Years)

12. Birthplace (city or place)

Rice

(State or country)

Ariz

18. Birthplace (city or place)

Wheatfield

(State or country)

Ariz

13. Occupation

Nature of industry

Common Labourer

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 1

(b) Born alive but now dead 0

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I Report attended the birth of this child, who was born alive at 7:0 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 evidences of life after birth.

Signature

C. H. Sawyer M.D.
(Physician or midwife)

Address

Sacramento, Ariz

Given name added from supplemental report

Month, day, year.

Filed

19

Local Registrar.

Registrar.

Filed

19

County Registrar.

935-902-743