

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 Pima  
District of San Carlos  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Newton Nash  
(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. Legitimate? yes  
6. No., in order of birth. \_\_\_\_\_ } 7. Date of birth 9 21 26  
Month day year

8. FATHER  
Full name George Nash  
9. Residence (Usual place of abode) San 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) San Carlos, Ariz  
(State or country) \_\_\_\_\_  
13. Occupation Clerk in Store  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Mable Reppert  
15. Residence (Usual place of abode) San Carlos, Ariz  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race 4/4 Indian  
17. Age at last birthday 19 (Years)  
18. Birthplace (city or place) San Carlos, 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 2  
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 4 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.  
Given name added from supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Signature C. H. Sawyer, MD  
(Physician or midwife)  
Address San Carlos, Ariz  
Filed \_\_\_\_\_, 19 \_\_\_\_\_  
Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

558-921-493