

WRITES FULLY WITH CAREFULNESS - READ AS IN INSTRUCTIONS - IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH. 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 Gila  
 District of Young Ariz  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

Full name of child William Robert Saunders  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Sex of Child male } If child is not yet named, make supplemental report, as directed.

To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Sept 23 1926  
 5. No., in order of birth \_\_\_\_\_ } Month day year

8. FATHER  
 Full name William Lestrap Saunders  
 Residence (Usual place of abode) Young Ariz  
 If nonresident, give place and state \_\_\_\_\_  
 9. Color or race White  
 11. Age at last birthday 62 (Years)  
 Birthplace (city or place) Blanco Co., Texas  
 (State or country)  
 Occupation Trapper  
 Nature of industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Mary Jane Glaspie  
 15. Residence (Usual place of abode) Young Ariz  
 If nonresident, give place and state \_\_\_\_\_  
 16. Color or race White  
 17. Age at last birthday 34 (Years)  
 18. Birthplace (city or place) Graham Co., Ariz  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

Number of children of this mother \_\_\_\_\_  
 seen as of time of birth of child herein (and including this child.) } (a) Born alive and now living Two  
 (b) Born alive but now dead Two  
 (c) Stillborn \_\_\_\_\_  
 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 at 6 a.m. on the date above stated.  
 (Born alive or stillborn.)  
 When there was no attending physician or wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other signs of life after birth.  
 Signature Mrs. N.E. Cot Housewife  
 Address Young Ariz (Physician or midwife)  
 name added from \_\_\_\_\_  
 supplemental report \_\_\_\_\_  
 Month, day, year. Sept 24, 1926 Filed Old Young  
 Local Registrar  
 Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ County Registrar.

622-923-475