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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of Rice

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 Harold Hoffman } 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 9 - 24 - 26 (Month day year)

8. FATHER

Full name Leslie Hoffman

9. Residence (Usual place of abode) Rice Ariz

If nonresident, give place and state

10. Color or race 4/4 Indian

11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Rice

(State or country) Ariz

13. Occupation Common Labor

Nature of industry

14. MOTHER

Full maiden name Edith Dudley

15. Residence (Usual place of abode) Rice

If nonresident, give place and state Ariz

16. Color or race 4/4 Indian

17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Rice

(State or country) Ariz

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 6

(b) Born alive but now dead 7

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ Report the birth of this child, who was born alive at 10:30 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 MD (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.

885-924-548