

## PLACE OF BIRTH

1. County of YumaDistrict of Rice

Town of \_\_\_\_\_

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jimmey Clark } 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. yes 6. Legitimate? \_\_\_\_\_ 7. Date of birth 10 5 26 Month day year

3. FATHER  
Full name Samuel Clark  
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 38 (Years)  
12. Birthplace (city or place) Rice Ariz  
(State or country) \_\_\_\_\_  
13. Occupation Common Laborer  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Lida (?)  
15. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race 4/4 Indian  
17. Age at last birthday 36 (Years)  
18. Birthplace (city or place) Rice 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. 6 (b) Born alive but now dead. 1 (c) Stillborn. 0 21. Were precautions taken against ophthalmia neonatorum? No. Refused

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 AM 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 O. H. Sawyer M.D. (Physician or midwife)Address San Carlos ArizGiven name added from \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ Local Registrar. O. H. Sawyer

supplemental report \_\_\_\_\_ Month, day, year. Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

Registrar.

County Registrar.

332-1005-300