

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of San Carlos

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 156

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 Hiram Muel

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

Yes

7. Date

of birth 10 11 26
Month day year

5. No., in order of birth

8. FATHER

Full name George Muel

14. MOTHER

Full maiden name Katherine Hunter

9. Residence

(Usual place of abode)

San Carlos

If nonresident, give place and state

Ariz

15. Residence

(Usual place of abode)

San Carlos

If nonresident, give place and state

Ariz

10. Color or race

1/4 Indian11. Age at last birthday 47 (Years)

16. Color or race

1/4 Indian17. Age at last birthday 34 (Years)

12. Birthplace (city or place)

San Carlos

(State or country)

Ariz

18. Birthplace (city or place)

Pylas

(State or country)

Ariz

13. Occupation

Nature of industry Farmer

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 3(b) Born alive but now dead 1(c) Stillborn 0

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 10 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

D H Sawyer M.D.

(Physician or midwife)

Address

San Carlos Ariz

Given name added from a supplemental report

Month, day, year.

Filed

19

Local Registrar.

Registrar.

Filed

19

County Registrar.

443-1011-289

in order of birth stated.