

## PLACE OF BIRTH

1. County of Yuma  
 District of San Carlos  
 Town of " " " " " "  
 or " " " " " "  
 City of " " " " " "

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157  
 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 Rosie Reed ) If child is not yet named, make  
 supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth 10 11 26  
 Month day year

8. FATHER  
 Full name James Reed

14. MOTHER  
 Full maiden name Clara Dickson

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 Indian 11. Age at last birthday 26 (Years)

16. Color or race 1/4 Indian 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Carlos  
 (State or country) Ariz

18. Birthplace (city or place) San Carlos  
 (State or country) Ariz

13. Occupation Cornucult  
 Nature of industry Farmer

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 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I Report attended the birth of this child, who was born alive (Born alive or stillborn.) at 2:00 p.m. on the date above stated.

\*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 M.D. (Physician or midwife)  
 Address San Carlos Ariz

Given name added from supplemental report \_\_\_\_\_  
 Filed \_\_\_\_\_ 19\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

994-1011-345