

v. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of _____
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Calvin C. Cook (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 _____ 6. Legitimate? _____
5. No. in order of birth 424 7. Date of birth 10 13 26
Month day year

8. FATHER
Full name James Cook
9. 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 28 (Years)
12. Birthplace (city or place) San Carlos
(State or country) Ariz
13. Occupation Common Laborer
Nature of industry _____

14. MOTHER
Full maiden name Clara Cassa
15. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz
16. Color or race 1/4 Indian
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) San Carlos
(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 hereat certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (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 11 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. Saenger M.D. (Physician or midwife)
Address San Carlos Ariz

Given name added from a supplemental report _____
Month, day, year. Filed _____ 19____
Registrar. Filed _____ 19____
County Registrar.

332-1013-331