

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.

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of Coolidge

Town of San Carlos

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 210

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

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

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 Edwin Broad } 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 10 31 18 Month day year

3. FATHER Full name Edwin Broad

14. MOTHER Full maiden name Fannie Shortess

9. Residence (Usual place of abode) San Carlos Ariz If nonresident, give place and state

15. Residence (Usual place of abode) San Carlos Ariz If nonresident, give place and state

10. Color or race 1/4 Indian 11. Age at last birthday 23 (Years)

16. Color or race 1/4 Indian 17. Age at last birthday 22 (Years)

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

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

13. Occupation Common Laborer Nature of industry

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 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 6 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 supplemental report \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ Local Registrar. \_\_\_\_\_

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

Registrar.

524-1031-125