

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of Yuma

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No. _____

Local Registrar No. _____

No. _____ St. _____
If birth occurred in a hospital or institution, give its NAME instead of street and number2. Full name of child Mary Vance } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female } To be answered ONLY } 4. Twin, triplet or other _____ } 6. Legitimate? _____ } 7. Date of birth 11 8 26
In event of plural births. } 5. No., in order of birth _____ } Month day year3. FATHER
Full name ?14. MOTHER
Full maiden name Bertha Vance9. Residence (Usual place of abode) ?
If nonresident, give place and state15. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state10. Color or race ?
11. Age at last birthday ? (Years)16. Color or race 4/4 Indian
17. Age at last birthday 21 (Years)12. Birthplace (city or place) ?
(State or country)18. Birthplace (city or place) Rice Ariz
(State or country)13. Occupation ?
Nature of industry19. Occupation Housework
Nature of industry20. 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 Report attended the birth of this child, who was born alive at Yuma 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 MD
(Physician or midwife)
Address San Carlos ArizGiven name added from _____
Month, day, year. _____ Filed _____ 19 _____
Local Registrar.

Registrar.

Filed _____ 19 _____
County Registrar.WRITE PLAINLY WITH UNFADING INK
N. B.—In case of more than one child at a birth, a 5 in.

145-1104