

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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 San Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child David Dewey  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 ) 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 1st }  
 6. Legitimate? \_\_\_\_\_ }  
 7. Date of birth 11 12 26  
 Month day year

8. FATHER  
 Full name Adam Dewey

14. MOTHER  
 Full maiden name Cecilia Russell

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 1/2 Indian

11. Age at last birthday 36 (Years)

16. Color or race 1/2 Indian

17. Age at last birthday 29 (Years)

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

18. Birthplace (city or place) Rice 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 3  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

I hereby certify that I Return the birth of this child, who was born alive at 8 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.  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year.

Signature R. H. Sawyer M.D.  
 (Physician or midwife)  
 Address San Carlos Ariz  
 Filed \_\_\_\_\_ 19\_\_\_\_  
 Local Registrar.

Registered \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

448-1112-323