

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 BIRTHState Index No. 148

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 Daniel Chapman ; If child is not yet named, make supplemental report, as directed.

3. Sex of Child

MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other.....

6. Legitimate?

Yes

7. Date

12-12-26
Month day year

5. No., in order of birth.....

5. FATHER

Full name

Sargent Chapman

9. Residence

(Usual place of abode)

Yuma

If nonresident, give place and state

Ariz

10. Color or race

4/4 Indian11. Age at last birthday 37 (Years)

12. Birthplace (city or place)

San Carlos Res.

(State or country)

Ariz

13. Occupation

Miss Worker

Nature of industry

MOTHER

14. Full maiden name

Edith Molay

15. Residence

(Usual place of abode)

Yuma

If nonresident, give place and state

Ariz

16. Color or race

4/4 Indian17. 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 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 7:00 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

O. H. Sargent M.D.
(Physician or midwife)

Address

San Carlos Ariz

Given name added from

a supplemental report

Month, day, year.

Filed _____, 19____

Local Registrar,

Filed _____, 19____

County Registrar.

Registrar.

435-1212-948

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.