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

1. County of Gila

District of San Carlos

Town of

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186

County Registrar No.

Local Registrar No.

2. Full name of child Mary Josephine Pattee } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female

To be answered ONLY in event of plural births. 4. Twin, triplet or other ..... 5. No., in order of birth .....

6. Legitimate?

7. Date of birth: 12 (Month) 28 (day) 26 (year)

8. FATHER	14. MOTHER
Full name: Douglas Pattee	Full maiden name: Ada Curley
9. Residence (Usual place of abode): San Carlos	15. Residence (Usual place of abode): San Carlos.
If nonresident, give place and state: Ariz	If nonresident, give place and state: Ariz
10. Color or race: 4/4 Indian	16. Color or race: 4/4 Indian
11. Age at last birthday: 38 (Years)	17. Age at last birthday: 37 (Years)
12. Birthplace (city or place): San Carlos	18. Birthplace (city or place): San Carlos
(State or country): Ariz	(State or country): Ariz
13. Occupation: Farmer	19. Occupation: Housewife
Nature of industry:	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: 4
(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~~ Report the birth of this child, who was born alive at 7 a.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 M.D. (Physician or midwife)

Address: San Carlos, Ariz

Given name added from a supplemental report ..... Month, day, year. Filed ....., 19.... C H Sawyer Local Registrar.

Registrar. Filed ....., 19.... County Registrar.

479-1225-138