

PLACE OF BIRTH
County of Gila
District of San Carlos
City of San Carlos

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129a
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)

Full name of child Lillian Harris } If child is not yet named, make supplemental report, as directed.

Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth I.16.28.
Month day year

FATHER
Full name Richard T. Harris

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

10. Color or race 4/4 Indian 11. Age at last birthday 34 (Years)

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

13. Occupation Store Clerk
Nature of industry

MOTHER
Full maiden name Ada Salter

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

16. Color or race 4/4 Indian 17. Age at last birthday 21 (Years)

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

19. Occupation Housewife
Nature of industry

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 2 (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 11 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 MD (Physician or midwife)
Address San Carlos, Ariz.

Month, day, year. Filed _____, 19____ C. H. Sawyer Local Registrar.
382-116-129 Filed _____, 19____ County Registrar.
Registrar.