

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 141  
 Registered No. \_\_\_\_\_

PLACE OF BIRTH

County Gila State Arizona  
 District or Township San Carlos or Village San Carlos  
 City No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Mary Hunter (If child is not yet named, make supplemental report, as directed.)

Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>I. 23. 28.</u>
		5. No., in order of birth.....		Month Day Year

FATHER		MOTHER	
Full name <u>Martin Hunter</u>		Full maiden name <u>Matilda Dillon</u>	
Residence (Usual place of abode) <u>Bylas, Ariz.</u>		15. Residence (Usual place of abode) <u>Bylas, Ariz.</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race <u>4/4 Indian</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>4/4 Indian</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Bylas, Ariz.</u>		18. Birthplace (city or state) <u>San Carlos, Ariz.</u>	
(State or country)		(State or country)	
13. Occupation <u>common laborer</u>		19. Occupation <u>housewife</u>	
Nature of industry		Nature of industry	
14. Number of children of this mother.....		21. Were precautions taken against oph- thalmia neonatorum.	
Taken as of time of birth of child herein certified and including this child.		<u>no</u>	
(a) Born alive and now living..... <u>2</u>			
(b) Born alive but now dead..... <u>0</u>			
(c) Stillborn..... <u>0</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of this child, who was born alive at 12.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 evidence of life after birth.  
 Signature [Signature]  
 (Physician or midwife)

Given name added from supplemental report \_\_\_\_\_ Address San Carlos, Ariz.

Month, day, year 489-123-445 Filed \_\_\_\_\_, 19\_\_\_\_ C.H. Sawyer Registrar.