

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 154

Registered No. _____

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township San Carlos

or Village Dam site

City _____

No. _____

St. _____

Ward _____

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

2. Full name of child Irving Randall

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

M.

4. Twin, triplet or other _____

6. Legitimate? _____

5. No., in order of birth _____

yes

7. Date of birth I. 29. 28.
Month Day Year

8.

FATHER

Full name

Mark Dalton Randall

9. Residence

(Usual place of abode) San Carlos,

If non-resident, give place and state.

Ariz.

10. Color or race

4/4 Indian Age at last birthday 22 (Years)

11. Birthplace (city or place) San Carlos,

(State or country)

Ariz.

12. Occupation

Nature of industry Common labor

14.

MOTHER

Full maiden name

Sophia Toprock

15. Residence

(Usual place of abode) San Carlos,

If non-resident, give place and state.

Ariz.

16. Color or race

4/4 Indian

17. Age at last birthday 21 (Years)

18. Birthplace (city or state) San Carlos,

(State or country)

Ariz.

19. Occupation

Nature of industry Housewife.

20. Number of children of this mother _____

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

hereby certify that I attended the birth of this child, who was

born alive

at 10 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 _____

C. H. Sawyer M.D.

(Physician or midwife)

Address _____

Address

San Carlos, Ariz.

Month, day, year _____

Registrar.

793-129-232

Filed _____, 19 _____

C. H. Sawyer.

Registrar.