CERTIFICATE AMENDED
SEE NOTATION

Name & date changed by Court Order # 1258

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 160

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 BERNICE BREAD (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? yes

7. Date of birth 2. 11. 28. (Month Day Year)

8. FATHER

Full name Edwin Bread

9. Residence (Usual place of abode) San Carlos, Ariz.

If non-resident, give place and state.

10. Color or race 4/4 Indian

11. Age at last birthday 25 (Years)

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

(State or country)

13. Occupation common laborer

Nature of industry

14. MOTHER

Full maiden name Jennie Shorten

15. Residence (Usual place of abode) San Carlos, Ariz.

If non-resident, give place and state.

16. Color or race 4/4 Indian

17. Age at last birthday 24 (Years)

18. Birthplace (city or state) San Carlos, Ariz.

(State or country)

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 I

(b) Born alive but now dead I

(c) Stillborn O

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 (Born alive or stillborn) at II P. m. on the date above stated.

* 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 MD

(Physician or midwife).

Given name added from a supplemental report Month, day, year

Address San Carlos, Ariz.

Registrar.

Filed 3-12, 1928 C.H.Sawyer. Registrar.

6211-213-125

order of birth stated.