ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 162

Registered No.

1. 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)

2. Full name of child Robert Burdett (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M.

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. (Month) 14. (Day) 28. (Year)

8. FATHER	14. MOTHER
Full name John Burdett	Full maiden name Mary E.
9. Residence (Usual place of abode) San Carlos If non-resident, give place and state. Ariz.	15. Residence (Usual place of abode) San Carlos, If non-resident, give place and state. Ariz.
10. Color or race 4/4 Indian 11. Age at last birthday 39 (Years)	16. Color or race 4/4 Indian 17. Age at last birthday 33 (Years)
12. Birthplace (city or place) San Carlos, (State or country) Ariz.	18. Birthplace (city or state) San Carlos, (State or country) Ariz.
13. Occupation Common labor Nature of industry	19. Occupation Housework 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 1
(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 (Born alive or stillborn) at 10. P. m. on the date above stated.

Signature C H Sawyer (Physician or midwife).

Address San Carlos, Ariz.

* 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.

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

Filed ....., 19..... C.H.Sawyer. Registrar.

..... Registrar.

N. B.—In case of more than one child, use one card for each in order of birth stated.

923-211-450