

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 166  
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 Wanda Juan  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
F			yes	2 17 28 Month Day Year

8. **FATHER**  
Full name Leo Juan

14. **MOTHER**  
Full maiden name Florence Delma

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

15. Residence (Usual place of abode) San Carlos, Ariz.  
If non-resident, give place and state.

10. Color or race 4/4 Indian  
Age at last birthday 38 (Years)

16. Color or race 4/4 Indian  
Age at last birthday 25 (Years)

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

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

13. Occupation  
Nature of industry common laborer

19. Occupation  
Nature of industry housewife

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	2
(b) Born alive but now dead	1
(c) Stillborn	0

21. Were precautions taken against ophthalmia neonatorum.  
yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was born alive at 12 P. 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.

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz. (Physician or midwife).

Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ C. H. Sawyer Registrar.

615-217-6411

order of birth stated.