

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 190

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Rice or Village _____

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 Geraldine Goode
(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? <u>yes</u>	7. Date of birth <u>2. 24. 28.</u>		
			5. No., in order of birth	Month	Day

8. FATHER
Full name Robert Goode

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

10. Color or race 4/4 Indian
11. Age at last birthday 51 (Years)

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

13. Occupation
Nature of industry Farmer

14. MOTHER
Full maiden name Emma ?

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

16. Color or race 4/4 Indian
17. Age at last birthday 51 (Years)

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

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 <u>7</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</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 5 P. m. on the date above stated.
(Born alive or stillborn)

Signature C. H. Sawyer M.D.

(Physician or midwife).
Address San Carlos, Ariz.

Given name added from a supplemental report. Month, day, year
Filed _____, 19 _____ C. H. Sawyer Registrar.

775-224-500