

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 176

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township Peridot 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 David Dunn (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 3.16.28.  
Month Day Year

8. FATHER  
Full name Peter Dunn

14. MOTHER  
Full maiden name Priscilla ?

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

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

10. Color or race 4/4 Indian

16. Color or race 4/4 Indian

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

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

13. Occupation  
Nature of industry Common labor.

19. Occupation  
Nature of industry Housework.

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 3  
(b) Born alive but now dead 3  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. no

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 10 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 \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ C. H. Sawyer. Registrar.

445-316-700