

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 172

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 Doris Ward (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? yes }
female } 5. No., in order of birth _____ } 7. Date of birth 3.31.28 }
Month Day Year

8. FATHER
Full name Frank Ward

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

10. Color or race 4/4 Indian 11. Age at last birthday 27 (Years)

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

13. Occupation
Nature of industry common labor

14. MOTHER
Full maiden name Sadie Thorn

15. Residence (Usual place of abode) Peridot, 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) Natches, Ariz.
(State or country)

19. Occupation
Nature of industry housewife.

20. Number of children of this mother } (a) Born alive and now living 4 } 21. Were precautions taken against ophthalmia neonatorum. }
(Taken as of time of birth of child herein } (b) Born alive but now dead 0 } no }
certified and including this child.) } (c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the ^{report} birth of this child, who was born alive at _____ 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.
(Physician or midwife)

Address San Carlos, Ariz.

Month, day, year _____
Filed _____, 19 _____ C. H. Sawyer, Registrar.

404-331-235