

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 114

Registered No. _____

1. PLACE OF BIRTH

County Gila

District or Township San Carlos

City _____

State Arizona

or Village San Carlos

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Melvin Mull

3. Sex of Child

male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other. _____

6. Legitimate? _____

7. Date of birth 4.3.1928.

{ If child is not yet named, make
supplemental report, as directed.

Month Day Year

8.

FATHER

Full name

George Mull

9. 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)

12. Birthplace (city or place)

San Carlos,

(State or country)

Ariz.

13. Occupation

Nature of industry

Common labor

14.

MOTHER

Full maiden name

Katherine Hunter

15. Residence

(Usual place of abode)

San Carlos,

If non-resident, give place and state.

Ariz.

16. Color or race

4/4 Indian

17. Age at last birthday 36 (Years)

18. Birthplace (city or state)

Bylas,

(State or country)

Ariz.

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 4

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against oph-
thalmia neonatorum.
yes

I hereby certify that I attended the birth of this child, who was born alive

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

(Born alive or stillborn)

at 3. P. m. on the date above stated.

Signature _____

C. H. Sawyer M.D.

* 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

Address

San Carlos, Ariz.

(Physician or midwife).

Registrar.

Filed _____

19 _____

C. H. Sawyer.

Registrar.

443-403-267