

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1188

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

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Wheatfield 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 Jerry Casey (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
male		5. No., in order of birth.	yes	<u>4</u> / <u>7</u> / <u>28</u> Month Day Year

8. FATHER  
Full name Fred Casey

14. MOTHER  
Full maiden name Mary Slick.

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

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

10. Color or race Apache  
4/4 Indian

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4/4 Indian

11. Age at last birthday 50 (Years)

17. Age at last birthday 23 (Years)

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

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

13. Occupation  
Nature of industry common labor

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 0  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. no

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

Signature E. H. Sawyer M.D.  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.

Month, day, year \_\_\_\_\_ Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ C.H. Sawyer. Registrar \_\_\_\_\_

138-407-422