

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 120  
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 George Whitehead (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>4. 8. 1928.</u> Month Day Year
		5. No., in order of birth. _____		

8. FATHER  
Full name Manuel Whitehead  
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 27 (Years)  
12. Birthplace (city or place) Rice, Ariz.  
(State or country) \_\_\_\_\_  
13. Occupation  
Nature of industry common labor

14. MOTHER  
Full maiden name Agnes Reppert  
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 18 (Years)  
18. Birthplace (city or state) San Carlos, Ariz.  
(State or country) \_\_\_\_\_  
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 <u>0</u>	21. Were precautions taken against ophthalmia neonatorum. <u>no</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 3. A. m. on the date above stated.  
(Born alive or stillborn)

Signature C. 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.

1101-408-193