

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 131

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

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township Rice or Village Rice

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 Belvodo {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
<u>male</u>			<u>yes</u>	<u>4. 13. 28.</u>
		5. No., in order of birth		Month Day Year

8. FATHER  
Full name George Belvodo

14. MOTHER  
Full maiden name Minnie Hinton

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

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

10. Color or race 4/4 Indian

16. Color or race 4/4 Indian

11. Age at last birthday 33 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) San Carlos, 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: (a) Born alive and now living 2; (b) Born alive but now dead 0; (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes.

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

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

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

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

Registrar. \_\_\_\_\_ Registrar.

722-413-485

