

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 144<sup>a</sup>

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

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Calvin Grant 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>4/20/28</u>
<u>male</u>		5. No., in order of birth.....	<u>yes</u>	Month Day Year

8. FATHER  
Full name George Grant

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 32 (Years)

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

13. Occupation common labor  
Nature of industry

14. MOTHER  
Full maiden name Hannah Kayson

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 21 (Years)

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

19. Occupation housewife  
Nature of industry

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>2</u>	21. Were precautions taken against ophthalmia neonatorum.
	(b) Born alive but now dead..... <u>0</u>	<u>no</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 \_\_\_\_\_ 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 returns. 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).

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

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

373-420-825