

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 145

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 Calvin Chinn (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>M.</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>4/21/38</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Henry Chinn

14. MOTHER
Full maiden name Dora ?

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
Age at last birthday 55 (Years)

16. Color or race 4/4 Indian
17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Rice, 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 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.....	<u>3</u>
(b) Born alive but now dead.....	<u>1</u>
(c) Stillborn.....	<u>4</u>

21. Were precautions taken against ophthalmia neonatorum.
no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *I.A.

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 return. 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 _____ Address San Carlos, Ariz.

Month, day, year _____
Registrar. _____ Filed _____ 19 _____ C. H. Sawyer Registrar.

335-421-400