

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 137

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos 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 Theadora Clark

If child is not yet named, make supplemental report, as directed.

3. Sex of Child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 5 / 12 / 28.
Month Day Year

8. FATHER
Full name Charles Clark

14. MOTHER
Full maiden name Luella Osco

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 25 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 28 (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: (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 10 P. (Born alive or stillborn) _____ m. on the date above stated.

* 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.

Given name added from _____ Address San Carlos, Ariz. (Physician or midwife).

Month, day, year _____

Registrar. O. H. Sawyer. Filed _____, 19____ Registrar.

332-512-364