ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

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: Polly Bullis (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: female

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 / 13 / 28. (Month Day Year)

8. FATHER

Full name: Clarence Bullis

9. Residence (Usual place of abode): San Carlos,

If non-resident, give place and state. Ariz.

10. Color or race: 4/4 Indian

11. Age at last birthday: 26 (Years)

12. Birthplace (city or place): San Carlos,

(State or country) Ariz.

13. Occupation

Nature of industry: Common labor

14. MOTHER

Full maiden name: Barbara Noline

15. Residence (Usual place of abode): San Carlos,

If non-resident, give place and state. Ariz.

16. Color or race: 4/4 Indian

17. Age at last birthday: 18 (Years)

18. Birthplace (city or state): San Carlos,

(State or country) Ariz.

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: 1

(b) Born alive but now dead: 0

(c) Stillborn:

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 (Born alive or stillborn) at 11 A. 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. Sampson M.D. (Physician or midwife).

Given name added from a supplemental report: Month, day, year

Address: San Carlos, Ariz.

Registrar.

Filed: 19 C. H. Sampson Registrar.

722-513-255