

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 152  
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 Mable Mutton { 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 May 17. 28.  
Month Day Year

8. FATHER  
Full name Joseph Mutton

14. MOTHER  
Full maiden name Ada Big-Springs

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

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

10. Color or race 4/4 Indian  
11. Age at last birthday 30 (Years)

16. Color or race 4/4 Indian  
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) ?  
(State or country) Ariz.

18. Birthplace (city or state) ?  
(State or country) Ariz.

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 2  
(b) Born alive but now dead 0  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum. no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 P.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 \_\_\_\_\_ Address San Carlos, Ariz.

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

445-517-122