V

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 153

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 Suna Chapman (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 / 18 / 28. (Month Day Year)

8. FATHER	14. MOTHER
Full name: Sargent Chapman	Full maiden name: Edith Moly
9. Residence (Usual place of abode) San Carlos, If non-resident, give place and state. Ariz.	15. Residence (Usual place of abode) San Carlos, If non-resident, give place and state. Ariz
10. Color or race: 4/4 Indian	16. Color or race: 4/4 Indian
11. Age at last birthday 39 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Rice, (State or country) Ariz.	18. Birthplace (city or state) San Carlos, (State or country) Ariz
13. Occupation: common labor. Nature of industry	19. Occupation: house wife. 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 1
(b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ report the birth of this child, who was born alive (Born alive or stillborn) at II.30A m. on the date above stated.

* 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 MD (Physician or midwife).

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

Address San Carlos, Ariz.

Filed 19 C.H.Sawyer. Registrar.

Registrar.

235-518-548