ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 134

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 Ida Kane (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 6.4.28. (Month Day Year)

8. FATHER	14. MOTHER
Full name: Edward Kane	Full maiden name: Effie Yasid
9. Residence (Usual place of abode): San Carlos,	15. Residence (Usual place of abode): San Carlos,
If non-resident, give place and state: Ariz.	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 35 (Years)	17. Age at last birthday 29 (Years)
12. Birthplace (city or place): Whiteriver,	18. Birthplace (city or state): San Carlos,
(State or country): Ariz.	(State or country): Ariz.
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 2
(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 (Born alive or stillborn) at 6. P. 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 (Physician or midwife).

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

Address San Carlos, Ariz.

..... Registrar.

Filed ....., 19..... C.H.Sawyer Registrar.

925-604-584

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.