

# 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 Rice 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 James Perkins Chatlan } If child is not yet named, make supplemental report, as directed.

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

8. FATHER  
Full name Mark Chatlan

14. MOTHER  
Full maiden name Helen Merrill

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

16. Color or race 4/4 Indian

11. Age at last birthday 33 (Years)

17. Age at last birthday 24 (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 7. A. 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 \_\_\_\_\_  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Address San Carlos, Ariz.

Registrar. 135-605-843 Filed \_\_\_\_\_, 19\_\_\_\_ C.H. Sawyer. Registrar.

WRITE IN INK. In case of more than one child at a birth, a SEPARATE REPORT must be made for each child, and order of birth stated.