

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 173
 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 Eunice Upshaw (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. Legitimate? yes
 7. Date of birth 6 / 19 / 28
 Month Day Year

8. FATHER
 Full name John Upshaw
 9. Residence (Usual place of abode) San Carlos, Ariz.
 If non-resident, give place and state.
 10. Color or race 4/4 Indian
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) San Carlos, Ariz.
 (State or country)
 13. Occupation
 Nature of industry common labor

14. MOTHER
 Full maiden name Nina Johnson
 15. Residence (Usual place of abode) San Carlos, Ariz.
 If non-resident, give place and state.
 16. Color or race 4/4 Indian
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or state) San Carlos, Ariz.
 (State or country)
 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 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 II.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 a supplemental report _____ Address San Carlos, Ariz.
 Month, day, year _____

Registrar. _____ Filed _____ 19 _____ C.H. Sawyer Registrar.

566-619-515

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.