ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 163

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: Patricia Henry (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: F. 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: 7 / 20 / 28. (Month / Day / Year)

8. FATHER

Full name: Joseph Henry

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

10. Color or race: Apache 4/4 Indian Age at last birthday: 26 (Years)

12. Birthplace (city or place): San Carlos, (State or country) Ariz.

13. Occupation: Nature of industry: Clerk in store

14. MOTHER

Full maiden name: Ada Patten

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

16. Color or race: Apache 4/4 Indian 17. Age at last birthday: 21 (Years)

18. Birthplace (city or state): San Carlos, (State or country) Ariz.

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. no

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 4.30 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.

788-220-125