ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 183

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

3. Sex of Child: male

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 / 27 / 28 (Month / Day / Year)

8. FATHER	14. MOTHER
Full name: John Randall	Full maiden name: Zella Astor
9. Residence (Usual place of abode): San Carlos, Ariz. If non-resident, give place and state.	15. Residence (Usual place of abode): San Carlos, Ariz. If non-resident, give place and state.
10. Color or race: Apache 4/4 Indian	16. Color or race: Apache 4/4 Indian
11. Age at last birthday: 30 (Years)	17. Age at last birthday: 22 (Years)
12. Birthplace (city or place): San Carlos, (State or country) Ariz.	18. Birthplace (city or state): San Carlos, (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: 2
(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 8. P. 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)

Address: San Carlos, Ariz.

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

Filed: , 19 C. H. Sawyer Registrar.

Registrar.

593-727-919