

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 110

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 Dorinda Stewart If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>	6. Date of birth <u>8/6/28</u> Month Day Year
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8. FATHER
Full name Gilford Stewart

14. MOTHER
Full maiden name Fannie Kinney

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

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If non-resident, give place and state.

10. Color or race Apache
4/4 Indian

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4/4 Indian

11. Age at last birthday 40 (Years)

17. Age at last birthday 38 (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 none

19. Occupation
Nature of industry housewife

20. Number of children of this mother: (a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 1

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 at ? m. on the date above stated.
(Born alive or stillborn)

Signature C.H. Sawyer MD
(Physician or midwife).

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

Registrar. _____ Filed _____, 19 28 C.H. Sawyer Registrar.

423-806-628