

and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 134

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 Daniel Dewey
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 8/16/28
Month Day Year

8. FATHER
Full name Ned Dewey

14. MOTHER
Full maiden name Nettie Watson

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

17. Age at last birthday 23 (Years)
18. Birthplace (city or state) San Carlos, Ariz.
(State or country)

13. Occupation
Nature of industry Carpenter

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 4
(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 at 5 A. m. on the date above stated.
(Born alive or stillborn)

Signature C. H. Sawyer M.D.
* 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.

Given name added from a supplemental report _____ Address San Carlos, Ariz.
Month, day, year _____ (Physician or midwife).

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

448-816-545