AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 142

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Hill Top 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 Pauline Polk — 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. No., in order of birth

6. Legitimate? yes

7. Date of birth 8/18/28. (Month Day Year)

8. FATHER

Full name Alton Polk

9. Residence (Usual place of abode) Rice, Ariz.

If non-resident, give place and state.

10. Color or race Apache 4/4 Indian

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Rice, (State or country) Ariz.

13. Occupation

Nature of industry common labor

14. MOTHER

Full maiden name Eva Goode

15. Residence (Usual place of abode) Rice, Ariz.

If non-resident, give place and state.

16. Color or race Apache 4/4 Indian

17. Age at last birthday 25 (Years)

18. Birthplace (city or state) Rice, (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 3

(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 6 A. m. on the date above stated. Report

(Born alive or stillborn)

* 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).

Given name added from a supplemental report Address San Carlos, Ariz.

Month, day, year

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

722-818-575

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.

FOR BINDING ... —THIS IS A PERMANENT RECO...