ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 147

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: Harold Talgo (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: 8/21/28. (Month Day Year)

8. FATHER

Full name: John Talgo

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

10. Color or race: Apache 4/4 Indian

11. Age at last birthday: 52 (Years)

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

13. Occupation: Farmer Nature of industry:

14. MOTHER

Full maiden name: Nina ?

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

16. Color or race: Apache 4/4 Indian

17. Age at last birthday: 41 (Years)

18. Birthplace (city or state): ? (State or country) Ariz.

19. Occupation: housewife Nature of industry:

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: 6
(b) Born alive but now dead: 2
(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 9 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

Registrar.

Filed: 19 C. H. Sawyer. Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD