

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 109

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 Lewis Lee  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth	5. No., in order of birth
<u>male</u>			<u>yes</u>	<u>9</u> <u>2</u> <u>28</u> Month Day Year	

8. FATHER  
 Full name Edward Lee

14. MOTHER  
 Full maiden name Margarette Molay

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

17. Age at last birthday 19 (Years)  
 18. Birthplace (city or state) San Carlos, Ariz.  
 (State or country)

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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum.
	(b) Born alive but now dead <u>0</u>	<u>yes</u>
	(c) Stillborn <u>0</u>	

**report 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.

Signature C. H. Sawyer M.D.  
 (Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filled \_\_\_\_\_, 19\_\_\_\_ C.H. Sawyer. Registrar.

335-902-448

PLEASE PRINT PLAINLY WITH UNFAADING INK—THIS IS A PERM. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.