ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 115

Registered No.

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: Charles Nosie (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: 9 (Month) 4 (Day) 28. (Year)

FATHER

8. Full name: Albert Nosie

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

10. Color or race: Apache 4/4 Indian

11. Age at last birthday: 34 (Years)

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

13. Occupation: common labor Nature of industry:

MOTHER

14. Full maiden name: Clara Forebear

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

16. Color or race: Apache 4/4 Indian

17. Age at last birthday: 33 (Years)

18. Birthplace (city or state): San Carlos, (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: 3
(b) Born alive but now dead: 3
(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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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

Given name added from a supplemental report: Month, day, year

Address: San Carlos, Ariz.

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 in order of birth stated.

355-904-369