

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of ea. order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 143  
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 Kinsey 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 9 / 14 / 28. Month Day Year

5. FATHER  
Full name Oliver Talgo  
9. Residence (Usual place of abode) San Carlos, Ariz.  
If non-resident, give place and state. Ariz.  
10. Color or race Apache  
4/4 Indian 11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) Bylas, Ariz.  
(State or country)  
13. Occupation common labor  
Nature of industry

14. MOTHER  
Full maiden name Amy Dews  
15. Residence (Usual place of abode) San Carlos, Ariz.  
If non-resident, give place and state. Ariz.  
16. Color or race Apache  
4/4 Indian 17. Age at last birthday 21 (Years)  
18. Birthplace (city or state) San Carlos, Ariz.  
(State or country)  
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 1 (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 report born alive at 7 A. m. on the date above stated. (Born alive or stillborn)

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.

236-914-142