

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 184a
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice McIntosh { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>10/23/28</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Donald McIntosh

14. MOTHER
 Full maiden name Nellie Astor

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

15. Residence (Usual place of abode) Globe, 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 46 (Years)

17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) 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>4</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

21. Were precautions taken against ophthalmia neonatorum?
no

I hereby certify that I attended the birth of this child, who was born alive at 6.50 A.M. on the date above stated.
(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 M.D.

 (Physician or midwife).

Given name added from _____ Address San Carlos, Ariz.
 a supplemental report. Month, day, year

Registrar _____ Filed _____ 19 _____ C. H. Sawyer Registrar

148-1023-519