

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 122  
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 Rebecca Patten { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>F.</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>II / I / 28.</u> <small>Month Day Year</small>
		5. No., in order of birth _____		

**8. FATHER**  
Full name Douglas Patten  
9. Residence (Usual place of abode) Rice, Ariz.  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Apache  
4/4 Indian  
11. Age at last birthday 39 (Years)  
12. Birthplace (city or place) San Carlos, Ariz.  
(State or country) \_\_\_\_\_  
13. Occupation  
Nature of industry Farmer

**14. MOTHER**  
Full maiden name Ada Allen  
15. Residence (Usual place of abode) Rice, Ariz.  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Apache  
4/4 Indian  
17. Age at last birthday 38 (Years)  
18. Birthplace (city or place) Globe, Ariz.  
(State or country) \_\_\_\_\_  
19. Occupation  
Nature of industry housewife

20. Number of children of this mother _____ <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>5</u>	21. Were precautions taken against ophthalmia neonatorum? <u>no</u>
	(b) Born alive but now dead <u>1</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 ? 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 a supplemental report \_\_\_\_\_  
Address San Carlos, Ariz.  
Month, day, year \_\_\_\_\_  
Filed \_\_\_\_\_, 19 \_\_\_\_\_ C. H. Sawyer Registrar

975-1101-115

order of birth stated.