

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 146

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 Magis Hunter { 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
<u>Female</u>			<u>yes</u>	<u>11 / 9 / 28.</u>
		5. No., in order of birth.		Month Day Year

8. FATHER
Full name Edward Hunter

14. MOTHER
Full maiden name Lola Gay

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

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If non-resident, give place and state.

10. Color or race Apache
4/4 Indian

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4/4 Indian

11. Age at last birthday 45 (Years)

17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Bylas, 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 6 mother
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 6 P. 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.
Address San Carlos, Ariz. (Physician or midwife).
Month, day, year _____
Registrar _____ Filed _____, 19____ C.H.Sawyer Registrar

489-1107-378

order of birth stated.