

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

State File No. 180
 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 RUTH RANDALL { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F. To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth II/19/28.
 Month Day Year

8. **FATHER**
 Full name Clayton Randall
 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 Age at last birthday 22 (Years)
 12. Birthplace (city or place) SAN CARLOS,
 (State or country) ARIZ.
 13. Occupation
 Nature of industry COMMON LABOR

14. **MOTHER**
 Full maiden name CHRISTINE ANTONIO
 15. Residence (Usual place of abode) SAN CARLOS,
 If non-resident, give place and state. ARIZ.
 16. Color or race APACHE
4/4 Indian 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) SAN CARLOS,
 (State or country) ARIZ.
 19. Occupation
 Nature of industry HOUSEWIFE

20. Number of children of this mother _____ } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (c) Stillborn 0
 21. Were precautions taken against oph-
 thalmia neonatorum? no

REPORT CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 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 R. H. Sawyer M.D.
 (Physician or midwife)

Given name added from _____ Address SAN CARLOS, ARIZ.
 a supplemental report _____
 Month, day, year _____

Registrar _____ Filed _____ 19 _____ U. H. Sawyer Registrar

993-1119-314

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth stated.

SEE NUMBER OF CHILD IN