

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

State File No. 94
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village San Carlos.
 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 Bessie Benson { 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>12 / 1 / 28.</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Riley Benson

14. MOTHER
 Full maiden name Nellie Patten

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

17. Age at last birthday 30 (Years)
 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? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 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 a supplemental report _____ Address San Carlos, Ariz.

Month, day, year _____ Filed _____, 19____ C. H. Sawyer Registrar

225-1201-575

each in

order of birth stated.