

CERTIFICATE AMENDED
SEE NOTATION

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

State File No. 150

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Rice 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 Newton Norman

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. 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 12/17/20
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Benjamin Norman</u>		Full maiden name <u>Minnie Gilson</u>	
9. Residence (Usual place of abode) <u>Rice, Ariz.</u> If non-resident, give place and state. <u>Ariz.</u>		15. Residence (Usual place of abode) <u>Rice, Ariz.</u> If non-resident, give place and state. <u>Ariz.</u>	
10. Color or race <u>Apache</u> <u>4/4 Indian</u> Age at last birthday <u>48</u> (Years)		16. Color or race <u>Apache</u> <u>4/4 Indian</u> 17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Rice, Ariz.</u> (State or country)		18. Birthplace (city or place) <u>Rice, Ariz.</u> (State or country)	
13. Occupation Nature of industry <u>common labor</u>		19. Occupation Nature of industry <u>housewife</u>	

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 5
(b) Born alive but now dead 4
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

I hereby certify that I attended the birth of this child, who was born alive at I. 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.
Month, day, year

Registrar _____ Filed _____, 19 20 C. H. Sawyer Registrar