

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153

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 Jennie Earley { 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>12/18/28</u> |
| <u>female</u> | | | <u>yes</u> | Month <u>12</u> Day <u>18</u> Year <u>28</u> |
| | | 5. No., in order of birth _____ | | |

8. FATHER
Full name Joseph Earley

14. MOTHER
Full maiden name Cora Steel

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

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

10. Color or race Apache
4/4 Indian

16. Color or race Apache
4/4 Indian

11. Age at last birthday 38 (Years)

17. Age at last birthday 4 (Years)

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

| | |
|--|--|
| (a) Born alive and now living <u>6</u> | 21. Were precautions taken against ophthalmia neonatorum? <u>no</u> |
| (b) Born alive but now dead <u>0</u> | |
| (c) Stillborn <u>0</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at II. P. m. on the date above stated.
(Born alive or stillborn)

Signature C. H. Sawyer, M.D.
(Physician or midwife).

* 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.

Given name added from a supplemental report _____ Address San Carlos, Ariz.
Month, day, year _____

Registrar _____ Filed _____, 19 28 C. H. Sawyer Registrar

158-1218-323