

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 154

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village Rice

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 Thresa Peculi (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>12/18/28</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Wallace Peculi

14. MOTHER
Full maiden name Mielde Chinn

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

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If non-resident, give place and state.

10. Color or race 4/4 Indian

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11. Age at last birthday 22 (Years)

17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) Rice, 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 1
(b) Born alive but now dead 0
(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 10 A.M. on the date above stated.

* 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

379-1218-435