

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 119
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 HEMLY

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

2. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>no</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>1 / 4 / 20</u> Month Day Year
5. No. in order of birth _____				

8. FATHER
Full name ROBERT HEMLY

14. MOTHER
Full maiden name JOSEPHINE NELSON

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

15. Residence
(Usual place of abode) SAN CARLOS,
If non-resident, give place and state.

10. Color or race Apache
1/4 Indian

16. Color or race Apache
4/4 Indian

11. Age at last birthday 21 (Years)

17. Age at last birthday 27 (Years)

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

15. Birthplace (city or place) San Carlos,
(State or country) ARIZ.

13. Occupation
Nature of industry Teamster

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>5</u>
(b) Born alive but now dead	<u>6</u>
(c) Stillborn	<u>0</u>

21. Were precautions taken against ophthalmia 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 4 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 [Signature]
(Physician or midwife)

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

Month, day, year
288-104-355
Registrar

Filed _____, 19____ C.H. Sawyer
Registrar