

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. 136
 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 Herbert Hoover Smith { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</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>1 / 10 / 29.</u> Month Day Year
	5. No., in order of birth _____		

8. FATHER
 Full name Guy Smith

14. MOTHER
 Full maiden name Julia Clark

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 1. Age at last birthday 40 (Years)

16. Color or race Apache
4/4 Indian 17. Age at last birthday 45 (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>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____	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 10 A. 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.
828-112-1322 Month, day, year _____
 Registrar _____ Filed _____, 19____ C. H. Sawyer Registrar