

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. 1421  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village Rice  
City \_\_\_\_\_ No. Rice School Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adam Case

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

3. Sex of Child <u>M.</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>I/12/29.</u> Month Day Year
		5. No., in order of birth.....		

**8. FATHER**  
Full name Claude Case

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

10. Color or race Apache  
4/4 Ind

11. Age at last birthday 39 (Years)

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

13. Occupation  
Nature of Industry Mine worker

**14. MOTHER**  
Full maiden name Fanny Clark

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

16. Color or race Apache  
4/4 Indian

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Rice, Ariz.  
(State or country)

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>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	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 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 a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.  
Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ C. H. Sawyer.  
135-112-6322 Registrar Registrar