

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

State File No. 164

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

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth I / 20 / 29.
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Charles Harney</u>		Full maiden name <u>Pearl Watson</u>	
9. Residence (Usual place of abode) <u>San Carlos, Ariz.</u> If non-resident, give place and state. <u>Apache</u>		15. Residence (Usual place of abode) <u>San Carlos, Ariz.</u> If non-resident, give place and state. _____	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>Apache</u>	
11. Age at last birthday <u>44</u> (Years)		17. Age at last birthday <u>41</u> (Years)	
12. Birthplace (city or place) <u>San Carlos, Ariz.</u> (State or country)		18. Birthplace (city or place) <u>San Carlos, Ariz.</u> (State or country)	
13. Occupation <u>Clerk in store</u> Nature of Industry		19. Occupation <u>housewife</u> Nature of Industry	

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 7
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 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 C. H. Sawyer M.D.
(Physician or midwife).

Given name added from a supplemental report _____ Address San Carlos, Ariz.
Month, day, year _____
488-120-765 _____
Registrar _____, 19____ Registrar C. H. Sawyer