

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. 183
 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 Perry W. Young { 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>1 / 26 / 29.</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Malcolm Young

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

10. Color or race Apache
4/4 Indian

11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Rice, Ariz.
(State or country)

13. Occupation
 Nature of industry common labor

14. MOTHER
 Full maiden name Gertrude Morgan

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

19. Occupation
 Nature of industry housewife

20. Number of children of this mother <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum?
	(b) Born alive but now dead <u>0</u>	- yes -
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 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 _____
 Month, day, year 784-126-745
 Registrar _____

Address San Carlos, Ariz.
 Filed _____, 19 _____ C. H. Sawyer
 Registrar _____