

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114

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 Betty Joanna Howell { 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 2/4/29
 Month Day Year

8. FATHER
 Full name Stacey Howell

14. MOTHER
 Full maiden name Rebecca Reatty

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

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

10. Color or race Pawnee
4/4 Indian 11. Age at last birthday 25 (Years)

16. Color or race white 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Pawnee, Oklahoma.
 (State or country)

18. Birthplace (city or state) Laredo, Mo.
 (State or country)

13. Occupation
 Nature of industry School diciplinarian

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 2
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 9 P. m. on the date above stated.
 (Born alive or stillborn)

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____ Registrar C. H. Sawyer Registrar.

283-204-928

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 order of birth stated.