

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

State File No. 147  
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 Jerry Mull

{ 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  5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>3 / 6 / 29.</u> Month Day Year
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8. FATHER  
Full name Johnson Mull

14. MOTHER  
Full maiden name Clara Ewing

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 Age at last birthday 43 (Years)

16. Color or race Apache  
4/4 Indian 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 6  
(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 10 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 \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address San Carlos, Ariz.  
Filed \_\_\_\_\_, 19. C. H. Sawyer.  
Registrar Registrar

143-306-359

Use one more than one child at a birth, a STATE RETURN must be made for each, and the number of an order of birth stated.