

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

State File No. 153
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Peridot 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 Arthur Kichiyen
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>	6. Date of birth <u>3/7/29</u>
		5. No., in order of birth _____		Month Day Year

8. FATHER
Full name John Kichiyen

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

10. Color or race Apache
4/4 Indian

11. Age at last birthday 32 (Years)

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

13. Occupation
Nature of industry Cow Boy

14. MOTHER
Full maiden name Mabel Dosela

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

16. Color or race Apache
4/4 Indian

17. Age at last birthday 20 (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>2</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>no</u>
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I hereby certify that I attended the birth of this child, who was born alive at II 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 _____ Filled _____, 19 1929 C. H. Sawyer Registrar

125-307-441

N. E. - in case of more than one child at a birth, a separate order must be made for each, and the number of each returned must be stated.