

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 156

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 Solomon Steel { If child is not yet named, make supplemental report, as directed.3. Sex of Child male 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 3/8/29.
Month Day Year

8. FATHER Full name <u>Lawrence Steel</u>		14. MOTHER Full maiden name <u>Maud Cassa</u>	
9. Residence (Usual place of abode) <u>Peridot, Ariz.</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Peridot, Ariz.</u> If non-resident, give place and state.	
10. Color or race <u>Apache</u> <u>4/4 Indian</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>Apache</u> <u>4/4 Indian</u>	17. Age at last birthday <u>22</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>common labor</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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 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

Filed _____, 19 _____ C. H. Sawyer Registrar

Registrar

Registrar

223-308-431