

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

State File No. 108
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village San Carlos.
 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 Abel Astor (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 _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>4/1/29</u> Month Day Year
5. No. in order of birth _____				

8. **FATHER**
 Full name William Astor

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

10. Color or race Apache
4/4 Indian

11. Age at last birthday 29 (Years)

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

13. Occupation
 Nature of Industry Common labor

14. **MOTHER**
 Full maiden name Mable Cupa.

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

16. Color or race Apache
4/4 Indian

17. Age at last birthday 29 (Years)

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

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>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 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.
 Filed _____, 19 _____
 Registrar C. H. Sawyer Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

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