

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.

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

State File No. 133
 Registered No. _____

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township Rice 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 Lena Lane
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</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>4/10/29</u> Month Day Year
		5. No., in order of birth		

8. FATHER
 Full name Dewey Lane
 9. Residence (Usual place of abode) Rice, Ariz.
 If non-resident, give place and state.
 10. Color or race Apache
4/4 Indian
 11. Age at last birthday 30 (Years)

14. MOTHER
 Full maiden name Minnie Cassadore.
 15. Residence (Usual place of abode) Rice, Ariz.
 If non-resident, give place and state.
 16. Color or race Apache
4/4 Indian
 17. Age at last birthday 22 (Years)

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>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

I hereby certify that report the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn.)
 * When there was no attending physician or midwife, then the father, household head, 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.
 Address San Carlos, Ariz. (Physician or midwife).
 Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____ Filled _____, 19. C. H. Sawyer. Registrar

335-410-435