

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 137

Registered No. _____

1. PLACE OF BIRTH

County GilaState ArizonaDistrict 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 Jack Logan

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate?

7. Date of birth 5-5-29.male

5. No., in order of birth _____

yes

Month Day Year

8.

FATHER

Full name

Marshall Logan

9. Residence

(Usual place of abode) Rice,

If non-resident, give place and state.

Ariz.10. Color or race Apache4/4 Indian11. Age at last birthday 33 (Years)12. Birthplace (city or place) Rice,

(State or country)

Ariz.

13. Occupation

Nature of Industry common labor

14.

MOTHER

Full maiden name

Zoe Dudley

15. Residence

(Usual place of abode) Rice,

If non-resident, give place and state.

Ariz.16. Color or race Apache4/4 Indian17. Age at last birthday 37 (Years)18. Birthplace (city or place) Rice,

(State or country)

Ariz.

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 7(b) Born alive but now dead 5(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ^{report} the birth of this child, who was born alive at 2 A. m. on the date above stated.
(Born alive or stillborn)

Signature _____

C.H. Sawyer MD

(Physician or midwife)

Given name added from a supplemental report _____

Month, day, year _____

Address San Carlos, Ariz.Filed _____, 19 C.H. Sawyer

Registrar _____

Registrar _____

135-505-948