

order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of San Carlos
 Town of Rice
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Edward Case

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

| | | | | |
|-----------------------------|--|---------------------------|------------------------------|---|
| 3. Sex of Child <u>M</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>6/19-29</u> Month Day Year |
| | | 5. No., in order of birth | | |

8. FATHER
 Full name Eugene Case

14. MOTHER
 Full maiden name Grace Mahsill

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

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

10. Color or race
Apache Ind.

16. Color or race 4/4 Apache Indian
 17. Age at last birthday 25 (Years)

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

18. Birthplace (city or place) Rice,
 (State or country) Ariz.

13. Occupation Laborer
 Nature of Industry Ranch

19. Occupation Housewife
 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 3
 (b) Born alive but now dead 2
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P.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 V.R. Combs (Physician or midwife)
 Address Rice, Arizona

Given name added from 535-619-743 Filled _____, 19____
 a supplemental report Month, day, year Local Registrar.
 Registrar Filled _____, 19____ County Registrar