

Supplementary

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

State File No. 483

Registered No. _____

1. PLACE OF BIRTH

County Navajo State Ariz.
District or Township at large or Village _____
City Whiteriver

2. Full name of child Violet Kane
No. _____ St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? _____
5. No., in order of birth. _____ 7. Date of birth 10-11-27
Month Day Year

8. FATHER
Full name David Kane

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

10. Color or race Indian 11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Whiteriver Ariz.
(State or country)

13. Occupation
Nature of industry Farmer for himself

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 2
3 } (b) Born alive but now dead 1
(c) Stillborn _____

14. MOTHER
Full maiden name Helen

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

16. Color or race Indian 17. Age at last birthday 27 (Years)

18. Birthplace (city or state) Whiteriver Ariz.
(State or country)

19. Occupation
Nature of industry House wife

21. Were precautions taken against ophthalmia neonatorum. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 _____

(Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year

Registrar. _____ Filed _____ 19. _____

525-1011-800

Mrs Harriet Cooper
Registrar.

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF CHILDREN MUST BE STATED.