

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

182/39
 State File No. _____
 Registered No. _____

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township San Carlos or Village _____
 City *A*** Rice, 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.)

2. Full name of child Frederick Rogers

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>Jan. 7, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Rankin Rogers

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

10. Color or race 4/4
apache indian

11. Age at last birthday 30 (Years)
San Carlos

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

13. Occupation School teacher
 Nature of industry

14. MOTHER
 Full maiden name Edna Holland

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

16. Color or race 4/4
apache indian

17. Age at last birthday _____ (Years)
31

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

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 5
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
 (b) Born alive but now dead 1
 (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 3.20 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 [Signature]
 (Physician or midwife)

Given name added from a supplemental report _____ Address Rice, Ariz.
 Month, day, year _____ Filled _____, 19 _____ Registrar _____

692-107-584