

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.

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

State File No. 184  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township San Carlos or Village \_\_\_\_\_  
City Rice No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Benjamin Patton

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

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Jan. 19, 1930  
Month Day Year

8. FATHER  
Full name Earl Patton

14. MOTHER  
Full maiden name Susie Arnold

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 4/4 apache indian 11. Age at last birthday 43 (Years)

16. Color or race 4/4 apache indian 17. Age at last birthday 41 (Years)

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

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

13. Occupation Com. Labor  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 8  
(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 6.30 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

Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

275-119-214