

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

State File No. 147
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township San Carlos Agency 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 Robert Haddo { If child is not yet named, make supplemental report, as directed.

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>Feb. 1, 1930</u> Month Day Year
5. No., in order of birth _____				

8. **FATHER**
 Full name Frank Haddo

14. **MOTHER**
 Full maiden name Bertha Vance

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 Ind.

11. Age at last birthday 34 (Years)

16. Color or race 4/4
Apache Ind.

17. Age at last birthday _____ (Years)

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

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

13. Occupation
 Nature of industry Com. Labor

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother <u>5</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 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 [Signature]
(Physician or midwife).

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

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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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