

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

State File No. 148  
 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 Thomas Reed { 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 _____	5. Legitimate? <u>yes</u>	6. Date of birth <u>Feb. 1, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. **FATHER**  
 Full name Burton Reed

14. **MOTHER**  
 Full maiden name Etta Moore

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.

16. Color or race 4/4  
Apache Ind.

11. Age at last birthday 37 (Years)  
 12. Birthplace (city or place) San Carlos  
 (State or country) Ariz.

17. Age at last birthday 30 (Years)  
 18. Birthplace (city or place) San Carlos  
 (State or country) Ariz.

13. Occupation  
 Nature of Industry Com. Labor

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 4  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Alive at 2 A. m. on the date above stated.  
(Born alive or stillborn.)

Signature [Signature]  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Rice, Ariz.  
 Month, day, year \_\_\_\_\_  
 Filed \_\_\_\_\_, 19 \_\_\_\_\_  
 Registrar [Signature] Registrar

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.

394-201-545