

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

State File No. 151  
 Registered No. \_\_\_\_\_

1. PLACE OF BIRTH  
 County Gila State \_\_\_\_\_  
 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 Stillborn { 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. No., in order of birth \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date of Birth Feb. 28 - 1930  
 Month Day Year

8. FATHER  
 Full name Toney Kenton

14. MOTHER  
 Full maiden name Sophie Toprock

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 Apache Ind.

11. Age at last birthday 28 (Years)

18. Color or race Apache Ind.

17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Roosevelt  
 (State or country) Ariz.

13. Occupation Com. Labor  
 Nature of Industry

19. Occupation none  
 Nature of industry

20. Number of children of this mother 0  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 0  
 (b) Born alive but now dead 1  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? NO

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

I hereby certify that I attended the birth of this child, who was Stillborn at 6.30 A.M. of 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 A.P. Combe  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Rice, Arizona

Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. SEPARATE RETURN must be made for each, and the number of each in order of birth stated.  
 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.

025-228-232