

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

State File No. 155
 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 Ruby Vance (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No. in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 3 1930</u> Month Day Year
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8. FATHER
 Full name George Vance

14. MOTHER
 Full maiden name Rose Daley

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 21 (Years)

16. Color or race 4/4 Apache Ind.
 17. Age at last birthday 20 (Years)

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

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

13. Occupation Com. Labor
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</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 9 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 A. P. Combs
 (Physician or midwife.)

Given name added from a supplemental report _____
 Address Rice, Ariz.
 Filed _____, 19 _____
 Registrar _____ 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.

955-203-948