

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 180  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

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

2. Full name of child Valentine Talgo { If child is not yet named, make supplemental report, as directed

Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>2-13-30</u> 19____ (Month, day, year)
		5. Number, in order of birth _____	Full term <u>Yes</u>		

9. Full name **FATHER**  
Oliver Talgo

18. Full maiden name **MOTHER**  
Amy Randall

10. Residence (usual place of abode) Rice, Ariz.  
(If nonresident, give place and State)

19. Residence (usual place of abode) Rice, Ariz.  
(If nonresident, give place and State)

11. Color or race 4/4 Apache Indian 12. Age at last birthday 23 (Years)

20. Color or race 4/4 Apache Indian 21. Age at last birthday 21 (Years)

13. Birthplace (city or place) San Carlos Arizona  
(State or country)

22. Birthplace (city or place) Rice Arizona  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ { Before labor or During labor }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I report the birth of this child, who was alive at 1:00 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.

(Signed) G. J. [Signature], M. D.  
or \_\_\_\_\_ Midwife

Given name added from a supplemental report 536-213-193  
(Date of) \_\_\_\_\_

Address \_\_\_\_\_  
Filed 4/1 1930 Registrar [Signature]

Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

WRITE FAITHFULLY 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.