

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

State File No. 182
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or 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 Cherry Clark
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth.	6. Legitimate? Yes	7. Date of birth: <u>2-14-</u> <u>30</u> Month Day Year.
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8. FATHER
 Full name Charles Clark
 9. Residence (Usual place of abode) Rice Arizona
 If non-resident, give place and state.
 10. Color or race Indian
4/4/Apache
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) San Carlos
 (State or country) Arizona
 13. Occupation Common Laborer
 Nature of industry

14. MOTHER
 Full maiden name Luella Osco
 15. Residence (Usual place of abode) Rice Arizona
 If non-resident, give place and state.
 16. Color or race Indian
4/4 Apache
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) San Carlos
 (State or country) Arizona
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? Yes
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I report the birth of this child, who was alive at 2:15 A. 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 J. P. [Signature]
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filed 4/1 1930
 Registrar _____ Registrar _____

332-214-246

WRITE PLAINLY WITH UNFADING INK
 IN CASE OF MORE THAN ONE CHILD, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.
 PERMANENT RECORD