

AS A PERMANENT RECORD
 A SEPARATE RETURN must be made for each, and the number of each in
 order of birth stated.

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

State File No. 183
 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 Patricia Fish (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. Legitimate? yes 6. Date of birth Feb 15, 1930
Month Day Year

8. FATHER
 Full name Roger Fish
 9. 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 32 (Years)
 12. Birthplace (city or place) Rice, Ariz.
(State or country)
 13. Occupation Com. Labor
 Nature of industry _____

14. MOTHER
 Full maiden name Suna Bendle
 15. Residence (Usual place of abode) Rice, Ariz.
 If non-resident, give place and state. _____
 16. Color or race 4/4 Apache Ind.
 17. Age at last birthday 31 (Years)
 18. Birthplace (city or place) Rice, Ariz.
(State or country)
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 1
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10.20 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 [Signature]
(Physician or midwife).

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

762-215-225