

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

State File No. 185
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township San Carlos Agency or Village _____
 City Rice No. San Carlos Ind. Agency Hospital Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Fred Azure, Jr. { 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. _____	6. Legitimate? yes	7. Date of birth <u>2-16, 1930</u> Month Day Year
		5. No. in order of birth _____		

8. **FATHER**
 Full name Fred Azure, Sr.

9. Residence
 (Usual place of abode) Rice, Ariz.
 If non-resident, give place and state.

10. Color or race
Indian

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Belcourt, N. D.
 (State or country)

13. Occupation
 Nature of Industry Plasterer

14. **MOTHER**
 Full maiden name Marceline McGillis

15. Residence
 (Usual place of abode) Rice, Ariz.
 If non-resident, give place and state.

16. Color or race
Indian

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Canada
 (State or country)

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1
 (b) Born alive but now dead 0
 (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 11 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 V.R. Combe
 (Physician or midwife.)

Given name added from a supplemental report _____ Address Rice, Arizona
 Month, day, year _____
 Registrar _____ Filed _____, 19 _____ Registrar _____

615 216-442

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.