

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.

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

State File No. 203
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 Rita Enfield { 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 _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>2-24-1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name James Enfield

14. MOTHER
Full maiden name Goldie Viotor

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.

16. Color or race 4/4
Apache Ind.

11. Age at last birthday 30 (Years)

17. Age at last birthday 32 (Years)

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

18. Birthplace (city or place) Bylas
Ariz.
(State or country)

13. Occupation
Nature of industry Com. Labor

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5
(b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
yes

* 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.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A. m. on the date above stated.
(Born alive or stillborn.)

Signature J. R. Combs
(Physician or midwife).

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

Filed _____, 19____
Registrar _____

954-224-759