

**AMENDMENT ATTACHED**  
**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF BIRTH

State File No. 588  
 Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Navajo State Ariz.  
 District or Township at Large or Village \_\_\_\_\_  
 City Whiteriver No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child not named } 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 2-27-30  
 Month Day Year

8. FATHER  
 Full name Chester Gatewood

14. MOTHER  
 Full maiden name Mary Dakoshay

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

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

10. Color or race Indian

11. Age at last birthday 40 (Years)

16. Color or race Indian

17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Whiteriver  
 (State or country) Ariz.

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

13. Occupation  
 Nature of Industry Engineer

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 10 } (a) Born alive and now living 7  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 3  
 certified and including this child.) } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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 not attended by Physician  
 (Physician or midwife.)

Given name added from a supplement report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year

19. Mrs. Harbert Cooper  
 Registrar.

074-227-446

N. B.—In case of more than one child.