

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

State File No. 176
 Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Wesley David Gilbert { 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? <u>Yes</u>	7. Date of birth <u>Mar. 17, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Claude Gilbert

14. MOTHER
 Full maiden name Margaret Natsyn

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

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

10. Color or race Apache Indian
11. Age at last birthday 30 (Years)

16. Color or race Apache Indian
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) San Carlos
(State or country) Arizona

18. Birthplace (city or place) San Carlos
(State or country) Arizona

13. Occupation
 Nature of industry Laborer

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 _____
(b) Born alive but now dead _____
(c) Stillborn _____

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 Born alive at 2/45p 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 _____

(Physician or midwife.)

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

Month, day, year _____ Filled 4/17, 1930 Registrar J. Langley

673 - 317 - 455