

# 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 \_\_\_\_\_ or Village Rice  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ellen Hosay (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <b>Female</b>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <b>Yes</b>	7. Date of birth <u>3 - 19 - 30</u> <small>Month Day Year</small>
		5. No. in order of birth _____		

<p>8. <b>FATHER</b></p> <p>Full name <u>Bruce Hosay</u></p> <p>9. Residence (Usual place of abode) <u>Rice</u> <small>If non-resident, give place and state.</small></p> <p>10. Color or race <u>Indian</u> <u>4/4 Apache</u></p> <p>11. Age at last birthday <u>22</u> (Years)</p> <p>12. Birthplace (city or place) <u>San Carlos</u> <small>(State or country) <u>Arizona</u></small></p> <p>13. Occupation <u>Common Laborer</u> <small>Nature of industry</small></p>	<p>14. <b>MOTHER</b></p> <p>Full maiden name <u>Irene Telto</u></p> <p>15. Residence (Usual place of abode) <u>Rice</u> <small>If non-resident, give place and state.</small></p> <p>16. Color or race <u>Indian</u> <u>4/4 Apache</u></p> <p>17. Age at last birthday <u>22</u> (Years)</p> <p>18. Birthplace (city or place) <u>San Carlos</u> <small>(State or country) <u>Arizona</u></small></p> <p>19. Occupation <u>Housewife</u> <small>Nature of industry</small></p>
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20. Number of children of this mother <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <b>Yes</b>
	(b) Born alive but now dead _____	
	(c) Stillborn _____	

### report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive 9:15P. 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 J. R. Sample (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Rice Ariz

Month, day, year \_\_\_\_\_ Filed 4/1 1930 Registrar \_\_\_\_\_

548 - 319 930