

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 2136
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
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 Mary Dunn { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other. _____	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>5-31-30</u> , 19____ (Month, day, year)
		5. Number, in order of birth _____	Full term _____		

9. Full name **FATHER**
Peter Dunn

10. Residence (usual place of abode) Rice, Ariz.
(If nonresident, give place and State)

11. Color or race 4/4 | 12. Age at last birthday 49 (Years)
Apache Indian

13. Birthplace (city or place) Rice
(State or country) Ariz.

18. Full maiden name **MOTHER**
Priscilla Hammond

19. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

20. Color or race 4/4 | 21. Age at last birthday 33 (Years)
Apache Indian

22. Birthplace (city or place) San Carlos
(State or country) Ariz.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deceased

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 7 months { or weeks } 29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn 9:00P 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.

(Signed) J. J. Langley, M. D.
or _____ Midwife
Address Rice, Ariz.
Filed _____, 19____

Given name added from a supplemental report _____ (Date of) _____
Registrar. _____ Registrar.

445-321-784