

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 226

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 Dorothy Logan { If child is not yet named, make supplemental report, as directed

3. Sex Female { If plural births } 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 3-30-30, 19\_\_\_\_  
(Month, day, year)

9. Full name of FATHER Marshall Logan

18. Full maiden name of MOTHER Zo Dudley

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

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

11. Color or race 4/4 Apache Indian 12. Age at last birthday 34 (Years)

20. Color or race 3/4 Apache Indian 21. Age at last birthday 38 (Years)

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

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

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

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

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

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

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 17. Total time (years) spent in this work 24

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

OCCUPATION

7. Number of children of this mother At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

8. If stillborn, period of gestation \_\_\_\_\_ { months } 29. Cause of stillbirth \_\_\_\_\_ { Before labor }  
{ or weeks } { During labor }

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I report birth of this child, who was alive at 1:00A 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. Bayne, M. D.

or \_\_\_\_\_, Midwife

Name added from supplemental report \_\_\_\_\_

Address Rice, Ariz.

Filed \_\_\_\_\_, 19\_\_\_\_ Registrar. W.P. Combs

W.P. Combs (Date of) \_\_\_\_\_ Registrar.

435 - 330 - 948