

ARIZONA STATE BOARD OF HEALTH

State File No. 152
Registered No. _____

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE 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 Lawrence Belvedo { If child is not yet named, make supplemental report, as directed

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

9. Full name George Belvedo

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

11. Color or race Apache Indian 12. Age at last birthday 35 (Years)

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

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

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____

MOTHER

18. Full maiden name Minnie Hinton

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

20. Color or race Apache Indian 21. Age at last birthday 22 (Years)

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

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

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 5 (b) Born alive but now dead 1 (c) Stillborn _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:00A 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. }

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

(Signed) G. Langh, M. D.
or _____, Midwife
Address _____
Filed 5/1, 1931 G. Langh Registrar.

326-404-485 Registrar.

IN ORDER OF BIRTH NUMBER