

ARIZONA STATE BOARD OF HEALTH

State File No. 1783

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. _____

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 Abbey Swift { 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 _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>4-16-30</u> , 19____ (Month, day, year)
		5. Number, in order of birth. _____	Full term <u>Yes</u>		

9. Full name <u>FATHER</u> <u>James Swift Rice</u>	18. Full maiden name <u>MOTHER</u> <u>Lizzie Polk</u>
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Ariz.</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Rice Ariz</u>
11. Color or race <u>1/4 Apache</u>	20. Color or race <u>1/4 Apache</u>
12. Age at last birthday <u>49</u> (Years)	21. Age at last birthday <u>49</u> (Years)
13. Birthplace (city or place) (State or country) <u>San Carlos Ariz.</u>	22. Birthplace (city or place) (State or country) <u>Rice Ariz.</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>No use</u>
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____	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____	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 3 (b) Born alive but now dead 14 (c) Stillborn _____

28. If stillborn, period of gestation _____ months (or weeks)	29. Cause of stillbirth _____	Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:00 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) G. Laugel, M. D.
or _____, Midwife

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

Address Rice, Ariz.
Filed 4/17/30, 1930 G. Laugel Registrar.

123-416-372
Registrar.