

ARIZONA STATE BOARD OF HEALTH

State File No. 196

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. _____

1. PLACE OF BIRTH

County _____ State _____
 Township _____ or Village _____
 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. Audrey Sigan { 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 <u>4 21-20</u> 19__ <small>(Month, day, year)</small>
		5. Number, in order of birth	Full term Yes	mate Yes	

9. Full name **FATHER**
John B. Sigan

18. Full maiden name **MOTHER**
Mollie Telto

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

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

11. Color or race 4/4 Apache Indian **12. Age at last birthday** 37 (Years)

20. Color or race 4/4 Apache Indian **21. Age at last birthday** 37 (Years)

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

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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

25. Date (month and year) last engaged 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 5 (b) Born alive but now dead 1 (c) Stillborn _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:00A 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) G. Rought _____, M. D.
 or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____
125-4121-436 _____ 1922
 Registrar. G. Rought Registrar.