

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 203

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 Rosilda Pechuli

{ 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>6-25-30</u> 19____ (Month, day, year)
		5. Number, in order of birth _____	Full term <u>Yes</u>		

9. Full name of FATHER
Wallace Pechuli

18. Full maiden name of MOTHER
Willie Chinn

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

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

11. Color or race 4/4 Apache Indian

20. Color or race 2/2 Apache Indian

12. Age at last birthday 28 (Years)

21. Age at last birthday 21 (Years)

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

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

14. 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____

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

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 _____ (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 9:00A 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. Laughter, M. D.

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

or _____, Midwife

Address Rice, Ariz.
Filed 6/27, 1930 J. Laughter Registrar.

Registrar.

Registrar.

IN ORDER OF BIRTH, RETURN TO BUREAU OF VITAL STATISTICS

979-625-435