

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 207
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 Dumas Dewey { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births	4. Twin, <u>triple</u> , or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>6-26-30</u> , 19____ (Month, day, year)
		5. Number, in order of birth. <u>1</u>	Full term <u>Yes</u>		

9. Full name of FATHER
Jack Dewey

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

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

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

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

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____

18. Full maiden name of MOTHER
Mary Early

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

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

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

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

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 7 (b) Born alive but now dead 4 (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 2:00P 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. R. Langley, M. D.
or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____
Address Rice, Ariz.
Filed 6/27, 1930 J. R. Langley Registrar.

448 - 626 - 458

A SEPARATE RETURN must be made for each, and the number of each returned at a different address, in order of birth stated.