

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
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 Elaine Little { 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 _____ 8. Date of birth 8-9-30, 19____
(Month, day, year)

9. Full name FATHER
Gilbert Little

18. Full maiden name MOTHER
Lucy Edwards

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 30 (Years)

20. Color or race 4/4 Apache Indian 21. Age at last birthday 22 (Years)

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

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

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. No ne

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 2 (b) Born alive but now dead _____ (c) Stillborn _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was alive 5:00P 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. }
Given name added from a supplemental report _____ (Date of) _____
(Signed) G. Langley, M. D.
or _____, Midwife
Address Rice, Ariz.
Filed 7/2, 1930 G. Langley Registrar.

585-709-352