

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 184  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Ariz.  
Township \_\_\_\_\_ or Village Rice.  
City \_\_\_\_\_ No. San Carlos Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child.** Stillborn { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>7-16</u> , 19____ (Month, day, year)
		5. Number, in order of birth.	Full term.		

9. Full name **FATHER**  
Neil Buck

18. Full maiden name **MOTHER**  
Ollie Gage

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

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

14. Color or race 1/4 Apache

12. Age at last birthday 48 (Years)

20. Color or race 1/4 Apache

21. Age at last birthday 41 (Years)

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

22. Birthplace (city or place) Bylas, Ariz.  
(State or country)

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

23. Trade, profession, or particular kind of work done, as housewife, 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\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

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 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation 7 months (or weeks)

29. Cause of stillbirth \_\_\_\_\_  
Before labor Yes  
During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30A 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) Z. Laughlin, M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of)

or \_\_\_\_\_ Midwife  
Address Rice, Ariz.

Filed 7/16, 1920 Registrar. Z. Laughlin

Registrar.

622-7/16-675