

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 Arizona  
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 George Ward Jr. { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term Yes 7. Legitimate? Yes 8. Date of birth 7-16-30, 19\_\_\_\_  
(Month, day, year)

9. Full name of FATHER George Ward

18. Full maiden name of MOTHER Marie Colvan

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

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

11. Color or race 1/4 Apache 12. Age at last birthday 28 (Years)

20. Color or race Mexican 21. Age at last birthday 26 (Years)

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

22. Birthplace (city or place) (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 housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

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. House wife

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 4 (b) Born alive but now dead 0 (c) Stillborn 0

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 Born alive all: 30 Pm. 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.

or \_\_\_\_\_, Midwife

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

Address Rice, Ariz.

Filed 7/18, 1930 G. Rygle Registrar.

Registrar.

764-716-435

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.

OCCUPATION

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