

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 100

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 Evangeline Smith { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>8-17-30</u> , 19____ (Month, day, year)
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9. Full name **FATHER**
Clarence Smith

18. Full maiden name **MOTHER**
Irene Telto

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

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

11. Color or race 4/4 Apache Indian

12. Age at last birthday 31 (Years)

20. Color or race 4/4 Apache Indian

21. Age at last birthday 27 (Years)

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

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

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

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

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 6

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 2 (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 11:00A 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) [Signature], M. D.

or _____, Midwife

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

Address _____

Filed 7/1, 1930

Registrar.

Registrar.

528 - 817 - 936

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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