

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

219

State File No. _____

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

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 David Crockett { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 7-27-30 (Month, day, year)
5. Number, in order of birth _____ Full term Yes

9. Full name of FATHER Frank Crockett
10. 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 57 (Years)
13. Birthplace (city or place) Bylas, Ariz. (State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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 1929

18. Full maiden name of MOTHER Dot Washington
19. Residence (usual place of abode) Rice, Ariz. (If nonresident, give place and State)
20. Color or race 4/4 Apache Indian 21. Age at last birthday 48 (Years)
22. Birthplace (city or place) Rice, Ariz. (State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
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 5 (b) Born alive but now dead 3 (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 3:00 P. 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. Langley, M. D.
or _____, Midwife
Address Rice, Arizona
Filed 7/27, 1930 J. Langley Registrar

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

4133-727465