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# ARIZONA STATE BOARD OF HEALTH

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 Andrew Ward { 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 9-30-30, 19\_\_\_\_  
(Month, day, year)

9. Full name of FATHER Frank Ward

18. Full maiden name of MOTHER Sadie Thorn

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 29 (Years)

20. Color or race 4/4 Apache Indian 21. Age at last birthday 26 (Years)

13. Birthplace (city or place) Rice Ariz.  
(State or country)

22. Birthplace (city or place) Rice Ariz.  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as 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 \_\_\_\_\_, 19\_\_\_\_

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

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 \_\_\_\_\_ (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 4:00P 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. }  
(Signed) G. Langthorn, M. D.  
or \_\_\_\_\_, Midwife  
Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Address Rice, Ariz.  
Filed 8/1, 1930 G. Langthorn Registrar.

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.

164-730-235