

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 165
 Registered No. _____

1. PLACE OF BIRTH
 County Gila State Ariz.
 Township _____ or Village Rice, Ariz.
 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 Margaret Perry { If child is not yet named, make supplemental report, as directed

3. Sex <u>F</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>X</u>	8. Date of birth <u>8-17</u> , 19 <u>30</u> (Month, day, year)
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9. Full name FATHER
James Perry

18. Full maiden name MOTHER
Emma Bendle

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) _____

11. Color or race 1/4 Apache

12. Age at last birthday 24 (Years)

20. Color or race 4/4 Apache

21. Age at last birthday 22 (Years)

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

22. Birthplace (city or place) San Carlos.
 (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. 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 1 (b) Born alive but now dead 1 (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 born alive at 2 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) D. Langley, M.D.

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

or _____, Midwife
 Address Rice, Ariz.

Filed 9/1, 1930 J. B. Boyle Registrar.

Registrar.

478-817-925

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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