

200a  
#9

# 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 Ariz.  
Township \_\_\_\_\_ or Village San Carlos  
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 Ward Hoffman { 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 \_\_\_\_\_ 8. Date of birth 8-30-30  
5. Number, in order of birth \_\_\_\_\_ Full term Yes mate? Yes (Month, day, year)

9. Full name **FATHER**  
William Hoffman

18. Full maiden name **MOTHER**  
Margaret Galsun

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

19. Residence (usual place of abode) San Carl  
(If nonresident, give place and State)

11. Color or race Apache Indian 12. Age at last birthday \_\_\_\_\_ (Years)

20. Color or race Apache Indian 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) \_\_\_\_\_ (State or country)

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

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

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 \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 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 2 (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 alive at 6:00A 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) G. Langley, M. D.  
or \_\_\_\_\_, Midwife

Given name added from a supplemental report 685-830-475 (Date of) \_\_\_\_\_  
Address Rice, Ariz.

Filed 9/5, 1930 Registrar G. Langley

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.

