155

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 Frederick Upshaw (If child is not yet named, make supplemental report, as directed)

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth 9-16-30, 19 (Month, day, year)

FATHER

9. Full name Johnny Upshaw

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

11. Color or race 1/4 Apache Indian

12. Age at last birthday 29 (Years)

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

OCCUPATION

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, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Winona Dosela

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

20. Color or race 4/4 Apache Indian

21. Age at last birthday 22 (Years)

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

OCCUPATION

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 2 (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 (Born alive or stillborn) at 10:30A.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) G. Laney Rhe, M. D.

or Midwife

Address San Carlos, Ariz.

Given name added from a supplemental report (Date of)

Filed 9/29, 1930 G. Laney Rhe Registrar.

Registrar.

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