

as usual, and the number of each

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 163  
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 Josephine Dilly { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 9-19-20, 19\_\_\_\_ (Month, day, year)  
5. Number, in order of birth \_\_\_\_\_ Full term? Yes

9. Full name of FATHER Sherman Dill

18. Full maiden name of MOTHER Ellen D. Thompson

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

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

11. Color or race 4/4 Apache Indian 12. Age at last birthday 33 (Years)

20. Color or race 4/4 Apache Indian 21. Age at last birthday 17 (Years)

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

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

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

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\_\_\_\_

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 1 (b) Born alive but now dead \_\_\_\_\_ (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 report alive at 5:25P 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 San Carlos Ariz.

as name added from supplemental report \_\_\_\_\_ (Date of)

Filed 9/24/20, 1920 J. Langley Registrar.

149-919-535

in order of birth stated.

OCCUPATION

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