ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 188

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 Dorothy Randall { If child is not yet named, make supplemental report, as directed

3. Sex Female | 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 9-30-30, 19 (Month, day, year)

FATHER	MOTHER
9. Full name Ernest Randall	18. Full maiden name Maude Hoffman
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos Ariz.
11. Color or race 4/4 Apache Indian	20. Color or race 4/4 Apache Indian
12. Age at last birthday 30 (Years)	21. Age at last birthday 20 (Years)
13. Birthplace (city or place) (State or country) San Carlos, Ariz.	22. Birthplace (city or place) (State or country) Rice, Ariz.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed	OCCUPATION: 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
17. Total time (years) spent 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 1 (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 2:00P m. on the date above stated report

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

Given name added from a supplemental report 493-930-485 (Date of)

(Signed) [signature], M. D.

or , Midwife

Address San Carlos, Ariz.

Filed 10/1, 19 [signature] Registrar.

Registrar.