

ARIZONA STATE BOARD OF HEALTH

State File No. 126

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

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. Richard Hinton { 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? Yes 8. Date of birth 10 2 1930
 5. Number, in order of birth _____ Full term _____ mate? Yes (Month, day, year)

FATHER
 9. Full name Joseph Hinton
 10. 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 35 (Years)
 13. Birthplace (city or place) San Carlos Ariz.
 (State or country)
 14. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Policeman
 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 1 yr.

MOTHER
 18. Full maiden name Jessie Sage
 19. Residence (usual place of abode) San Carl
 (If nonresident, give place and State)
 20. Color or race 4/4 Apache Indian
 21. Age at last birthday 26 (Years)
 22. Birthplace (city or place) San Carlos Ariz.
 (State or country)
 23. Trade, profession, or particular kind of work done, as housewife, 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 _____

OCCUPATION

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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (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 Alive at 10:00 A. 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. }

Given name added from a supplemental report 985-1002-125 (Date of) _____

(Signed) G. R. Rugh, M. D.
 or _____, Midwife
 Address San Carlos Ariz.
 Filed 10/30, 1930 G. R. Rugh Registrar.

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.