

ARIZONA STATE BOARD OF HEALTH

State File No. 131

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
Towship _____ 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 Linda Scott { 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 10-3-30, 19____
(Month, day, year)

9. Full name **FATHER**
Sam Scott

18. Full maiden name **MOTHER**
Marie Bates

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

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

11. Color or race 4/4 Apache Indian 12. Age at last birthday 27 (Years)

20. Color or race 4/4 Apache Indian 21. Age at last birthday 22 (Years)

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

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

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____ 17. Total time (years) spent in this work _____

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 reportd alive at 3:00A 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. Langhin, M. D.

Given name added from 323/003-422 (Date of) _____ a supplemental report

or _____, Midwife
Address San Carlos Ariz

Filed 10/30, 1930 G. Langhin Registrar.

IF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH CHILD INDICATED THEREON.