

ARIZONA STATE BOARD OF HEALTH

State File No. 159

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

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 Ronald Astor If child is not yet named, make supplemental report, as directed

3. Sex Male	If plural births	4. Twin, triplet, or other	6. Premature Full term Yes	7. Legitimate? Yes	8. Date of birth <u>10-13-30</u> (Month, day, year)
		5. Number, in order of birth			

<p>9. Full name <u>Willie Astor</u> FATHER</p> <p>10. Residence (usual place of abode) <u>San Carlos, Ariz.</u> (If nonresident, give place and State)</p> <p>11. Color or race <u>4/4 Apache Indian</u></p> <p>12. Age at last birthday <u>30</u> (Years)</p> <p>13. Birthplace (city or place) <u>San Carlos Ariz.</u> (State or country)</p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.</p> <p>16. Date (month and year) last engaged in this work _____, 19____</p>	<p>18. Full maiden name <u>Mable Cupa</u> MOTHER</p> <p>19. Residence (usual place of abode) <u>San Carlos Ariz.</u> (If nonresident, give place and State)</p> <p>20. Color or race <u>4/4 Apache Indian</u></p> <p>21. Age at last birthday <u>3</u> (Years)</p> <p>22. Birthplace (city or place) <u>San Carlos Ariz.</u> (State or country)</p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.</p> <p>25. Date (month and year) last engaged in this work _____, 19____</p> <p>26. Total time (years) spent in this work _____</p>
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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 4 (b) Born alive but now dead 2 (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

report

I hereby certify that I attended the birth of this child, who was alive at 1:00 P. 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) [Signature], M. D.
 or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address San Carlos Ariz
 Filed 10/30, 1930 [Signature] Registrar.

N. B.—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.

919-1013-431