

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164
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 Miles Talkalai { 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 <u>10-15-30</u> , 19____ (Month, day, year)
		5. Number, in order of birth _____	Full term Yes		

9. Full name of FATHER <u>Walter Talkalai</u>	18. Full maiden name of MOTHER <u>Fanny Allen</u>
10. Residence (usual place of abode) <u>San Carlos</u> (If nonresident, give place and State) <u>Ariz.</u>	19. Residence (usual place of abode) <u>San Carlos</u> (If nonresident, give place and State) <u>Ariz.</u>

11. Color or race <u>4/4 Apache Indian</u>	20. Color or race <u>4/4 Apache Indian</u>
12. Age at last birthday <u>23</u> (Years)	21. Age at last birthday <u>23</u> (Years)

13. Birthplace (city or place) <u>Rice</u> (State or country) <u>Ariz.</u>	22. Birthplace (city or place) _____ (State or country) <u>Oklahoma</u>
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OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> 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____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u> 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____
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 2 (b) Born alive but now dead 1 (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 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. }

Given name added from a supplemental report 439-1015-615 (Date of) _____

(Signed) [Signature] M. D.
 or _____ Midwife
 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 child is to be shown in the margin.