

# ARIZONA STATE BOARD OF HEALTH

State File No. 166  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE 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 Mark Dewey { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>10-17-30</u> 19____ (Month, day, year)
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9. Full name **FATHER**  
Ned Dewey

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

11. Color or race 4/4 12. Age at last birthday 35 (Years)  
Apache Indian

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

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

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 \_\_\_\_\_

18. Full maiden name **MOTHER**  
Nettie Watson

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

20. Color or race 4/4 21. Age at last birthday 25 (Years)  
Apache Indian

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

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

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 \_\_\_\_\_

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 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

**report** CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:00P 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 448-1017-565  
a supplemental report \_\_\_\_\_ (Date of)

(Signed) G. R. Ruyff, M. D.  
or \_\_\_\_\_, Midwife  
Address San Carlos, Ariz.  
Filed 10/30, 1930  
\_\_\_\_\_  
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 shall be stated in order of birth stated.