

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 198  
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 Sidney Shaker { If child is not yet named, make supplemental report, as directed

3. Sex <b>Male</b>	If plural births	4. Twin, triplet, or other.....	6. Premature _____	7. Legitimate? <b>Yes</b>	8. Date of birth <u>10-21-30</u> 19__ (Month, day, year)
		5. Number, in order of birth.....	Full term <b>Yes</b>		

**9. Full name** **FATHER**  
John Shaker

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

11. Color or race 4/4 12. Age at last birthday 45 (Years)  
Apache Indian

13. 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

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**  
Anna Duncan

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 20 (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 1 (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 alive at 2:00P 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.

(Signed) [Signature], M. D.  
or \_\_\_\_\_, Midwife

Given name added from a supplemental report 227-1021-145  
(Date of)

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

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 PERMANENT RECORD INK—IN CASE OF A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.