

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 178 B
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
Township On reservation or Village San Carlos
City _____ No. No Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aroh Kitchiyan { 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?	8. Date of birth <u>Oct. 22</u> , 19 <u>30</u> (Month, day, year)
		5. Number, in order of birth	Full term Yes	mate? Yes	

9. Full name **FATHER**
John Kitchiyan

18. Full maiden name **MOTHER**
Mabel Dosela

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

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

11. Color or race Indian **22. Age at last birthday** 33 (Years)

20. Color or race Indian **21. Age at last birthday** 21 (Years)

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

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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

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

25. Date (month and year) last engaged 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 3 (b) Born alive but now dead 0 (c) Stillborn 0

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 ~~examined~~ the birth of this child, who was born alive at 8 am 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) J. Kough, M. D.

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

or _____ Midwife
Address San Carlos, Arizona.

Filed 2/1, 1931 J. Kough Registrar

125-1022-441

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH CHILD MUST BE INDICATED IN ORDER OF BIRTH STATED.
 N. B.—In cases of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child must be indicated in order of birth stated.