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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County: Gila State: Ariz.

Township _____ or Village: San Ca rlos

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: Pauline Miller (If child is not yet named, make supplemental report, as directed)

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term: Yes

7. Legitimate? Yes

8. Date of birth: 10-24-30, 19____ (Month, day, year)

FATHER

9. Full name: Harry Miller

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

11. Color or race: 4/4 Apache Indian

12. Age at last birthday: 58 (Years)

13. Birthplace (city or place) (State or country): Rice, Ariz.

OCCUPATION

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 _____

MOTHER

18. Full maiden name: Cora Wilson

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

20. Color or race: 4/4 Apache Indian

21. Age at last birthday: 30 (Years)

22. Birthplace (city or place) (State or country): Rice, Ariz.

OCCUPATION

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

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: 3 (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 (Born alive or stillborn) at 7:00A m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) B. Langhe, M.D.

or _____, Midwife

Address San Carlos, Ariz

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

Filed 10/30, 1930 J. Langhe, 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 in order of birth stated.

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