ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 537a

Registered No.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF BIRTH

County: Navajo State: ARIZONA

Town, or Village: Fort Apache Indian Res;

City: Whiteriver, Ariz; No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Ellin Griggs 4/4 Blood (Indian) { If child is not yet named, make supplemental report, as directed

3. Sex: Female

If plural births { 4. Twin, triplet, or other: 0 / 5. Number, in order of birth: 5

6. Premature / Full term

7. Married? Yes

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

FATHER

9. Full name: Habort Griggs

10. Residence (usual place of abode) (If non-resident, give place and State): Whiteriver Arizona

11. Color or race: Apache

12. Age at last birthday: 45 (Years)

13. Birthplace (city or place): Whiteriver (State or country): Arizona

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, school, bank, etc.: E.C.W

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Mabel Josay

19. Residence (usual place of abode) (If non-resident, give place and State): Whiteriver Arizona

20. Color or race: Apache

21. Age at last birthday: 33 (Years)

22. Birthplace (city or place): Whiteriver (State or country): Arizona

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.: Own home

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: 5 (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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at m. on the date above stated

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

Given name added from a supplemental report 572-1010-418 (Date of)

Registrar.

(Signed) Rivers Lavender, M. D.

or, Midwife

Address Whiteriver Arizona

Filed, 19 R. Lavender Registrar.