

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118 a
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
Township Off reservation or Village ~~San Carlos~~
City Globe 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 Carlos McIntosh { If child is not yet named, make supplemental report, as directed

3. Sex Male	If plural births	4. Twin, triplet, or other	6. Premature <u>Yes</u> Full term	7. Legitimate? <u>Yes</u>	8. Date of birth <u>NOV 9, 1930</u> (Month, day, year)
		5. Number, in order of birth			

9. Full name **FATHER**
Don McIntosh

10. Residence (usual place of abode) Globe, Ariz.
(If nonresident, give place and State) 4/4 Apache

11. Color or race Indian 12. Age at last birthday 48 (Years)

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

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

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 _____, 19____

18. Full maiden name **MOTHER**
Nellie ?

19. Residence (usual place of abode) Globe Ariz
(If nonresident, give place and State) 4/4 Apache

20. Color or race Indian 21. Age at last birthday 29 (Years)

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

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 _____, 19____

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 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 ~~before~~ the birth of this child, who was born alive at 8 am 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) J. Loughlin, M. D.
or _____, Midwife
Address San Carlos, Ariz.
Filed 2/2, 1931 J. Loughlin
Registrar.

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

348-1109-500