

ARIZONA STATE BOARD OF HEALTH

State File No. 202
Registered No. _____

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

County Gila State Arizona.
Township On reservation or Village San Carlos
City Douie 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... Daisie Norman. { If child is not yet named, make supplemental report, as directed

3. Sex Female	If plural births	4. Twin, triplet, or other.....	6. Premature _____	7. Legiti- mate? Yes	8. Date of birth <u>Dec 31</u> , 19 <u>30</u> (Month, day, year)
		5. Number, in order of birth.....	Full term Yes		

9. Full name **FATHER**
Ben Norman

10. Residence (usual place of abode)
(If nonresident, give place and State) Coolidge Dam, Arizona.

11. Color or race Indian Age at last birthday 49 (Years)

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

18. Full maiden name **MOTHER**
Minnie Galsun

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

20. Color or race Indian Age at last birthday 54 (Years)

22. Birthplace (city or place) San Carl os
(State or country) Arizona.

OCCUPATION

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 _____

OCCUPATION

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

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 6 (b) Born alive but now dead 4 (c) Stillborn 0

28. If stillborn, period of gestation... { months or weeks } 29. Cause of stillbirth... { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ^{report.} attended the birth of this child, who was born alive at 8:30p 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. Laughlin, M. D.
or _____, Midwife

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

Address San Carlos, Ariz.
Filed 2/2, 19 30 J. Laughlin Registrar.

455-1231-475