ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.
Township Off reservation or Village
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 Reina Young (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 Jan. 3, 1931 (Month, day, year)

FATHER

9. Full name Malcolm Young
10. Residence (usual place of abode) (If nonresident, give place and State) Globe, Ariz.
11. Color or race 4/4 Apache Indian
12. Age at last birthday 23 (Years)
13. Birthplace (city or place) San Carlos, Ariz. (State or country)

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. Laborer
16. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Gertrude Morgan.
19. Residence (usual place of abode) (If nonresident, give place and State) Globe, Ariz.
20. Color or race 4/4 Apache Indian
21. Age at last birthday 35 (Years)
22. Birthplace (city or place) San Carlos, Ariz. (State or country)

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 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)

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 4 a. m. on the date above stated

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

(Signed) J. Vaughn, M. D.
or Midwife
Address San Carlos, Arizona.
Filed 7/5, 1931 J. Vaughn Registrar.

Given name added from a supplemental report (Date of)
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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