ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township On reservation. or Village San Carlos.

City 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 Kent F. Curtis. (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

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. 7, 1931 (Month, day, year)

FATHER

9. Full name: Platte L. Curtis

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

11. Color or race: White Age at last birthday: 44 (Years)

13. Birthplace (city or place) (State or country): Luna, New Mexico

OCCUPATION

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

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: Lavera Follette

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

20. Color or race: White 21. Age at last birthday: 39 (Years)

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

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 7 (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 12:18 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) [illegible], M. D.

or , Midwife

Address San Carlos, Arizona.

Given name added from a supplemental report (Date of)

Registrar.

Filed 2/7, 19 [illegible] Registrar.

232-107-365

2.—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.