ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 184

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 Violet Astor { 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. 25, 1931 (Month, day, year)

FATHER

9. Full name Dennison Astor

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

11. Color or race 4/4 Apache Indian 12. Age at last birthday 39 (Years)

13. Birthplace (city or place) San Carlos, (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

MOTHER

18. Full maiden name Doris Johnson

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

20. Color or race 4/4/Apache Indian 21. Age at last birthday 35 (Years)

22. Birthplace (city or place) San Carlos, (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.

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 2 (b) Born alive but now dead 2 (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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 7 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) G. [signature], M. D.

or , Midwife

Address San Carlos, Arizona.

Filed 2/1, 1931 G. [signature] Registrar.

Given name added from a supplemental report (Date of)

519-125-415 Registrar.