

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1934
Registered No.

PLACE OF BIRTH

County Gila State Arizona.
Township On Reservation. or Village San Carlos
City No hospital. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

2. Full name of child Donald Bendle.

3. Sex Male.	If plural births	4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature Full term X	7. Legiti- mate? Yes.	8. Date of birth <u>Jan. 29, 1931.</u> (Month, day, year)
------------------------	------------------	----------------------------------------------------------------------	------------------------------------	---------------------------------	--------------------------------------------------------------

FATHER		MOTHER	
9. Full name Mari Bendle		18. Full maiden name Rhea Hook	
10. Residence (usual place of abode) (If nonresident, give place and State) <u>San Carlos Arizona.</u>		19. Residence (usual place of abode) (If nonresident, give place and State) <u>San Carlos, Arizona.</u>	
11. Age at last birthday <u>27</u> (Years)		21. Age at last birthday <u>28</u> (Years)	
13. Birthplace (city or place) (State or country) <u>San Carlos, Ariz.</u>		22. Birthplace (city or place) (State or country) <u>San Carlos, Ariz.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
18. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

7. 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 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 at 8 p.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.

Given name added from a supplemental report 425-199-982 (Date of)

(Signed) Dr. Z. Laughlin, San Carlos, Ariz. Midwife
or _____
Address _____
Filed 8/31 1931 Registrar.

Registrar.