ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 00106

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 Jane Russell { 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 Feb. 4, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name John Russell	18. Full maiden name Minerva Sisto
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona.	19. 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 40 (Years)	20. Color or race 4/4 Apache Indian 21. Age at last birthday 32 (Years)
13. Birthplace (city or place) San Carlos, (State or country) Arizona.	22. 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	OCCUPATION 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.
16. Date (month and year) last engaged in this work, 19 17. Total time (years) spent in this work	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 1

28. If stillborn, period of gestation { months or weeks | 29. Cause of stillbirth Unknown, no medical attendance. { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ report the birth of this child, who was Stillborn at 9 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.

(Signed) G. Laughlin, M. D.

or Midwife

Address San Carlos, Arizona.

Filed 2/28, 1931 G. Laughlin Registrar.

Given name added from a supplemental report (Date of)

Registrar.

193-204-126

In order of birth stated.