

# ARIZONA STATE BOARD OF HEALTH

State File No. **00116**  
Registered No. **17. 31**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

**1. PLACE OF BIRTH**

County Gila State Arizona  
Township On reservation or Village San Carlos  
City No hospital 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 Millicent Joy Hoff { If child is not yet named, make supplemental report, as directed

3. Sex <b>Female</b>	If plural Births	4. Twin, triplet, or other.....	6. Premature Full term <b>Yes</b>	7. Legitimate? <b>Yes</b>	8. Date of birth <b>Feb. 10, 1931</b> <small>(Month, day, year)</small>
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9. Full name **FATHER**  
Dewey Hoff

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

11. Color or race White Age at last birthday 32 (Years)

13. Birthplace (city or place) Farmington, N. M.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Store

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name **MOTHER**  
Florence Nickels

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

20. Color or race White Age at last birthday 30 (Years)

22. Birthplace (city or place) Wisconsin  
(State or country)

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 at 2:30 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) [Signature] M. D.

or \_\_\_\_\_ Midwife

Address San Carlos, Arizona

Filed [Signature] 1931 Registrar

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar

486-210-652