ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 00134

1. PLACE OF BIRTH

County Gila State Arizona.

District or 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 Ruth Harney (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... 5. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth Feb. 24, 1931 (Month Day Year)

8. FATHER

Full Name Gilbert Harney

9. Residence (Usual place of abode) San Carlos, Ariz.

If non-resident, give place and state.

10. Color or race 4/4 Apache Indian | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) San Carlos, Ariz.

(State or country)

13. Occupation Laborer

Name of Industry

14. MOTHER

Full maiden name Nellie ~~Harney~~ Dickens.

15. Residence (Usual place of bode) San Carlos, Ariz.

If non-resident, give place and state.

16. Color or race 4/4 Apache Indian | 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) San Carlos, Ariz.

State or country)

19. Occupation Housewife.

Nature of Industry.

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes.

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 8 p. m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [signature]

(Physician or midwife)

Give name added from a supplemental report ..... Month, day, year

Address San Carlos, Ariz.

Registrar.

Filed Aug, 1931 [signature] Registrar.

987-224-542

each in order of birth stated.