

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 104
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or 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)
 (If child is not yet named, make supplemental report, as directed.)

2. Full name of child. Kathleen Noppert

3. Sex of Child Female To Be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth March 8, 1921
 Month Day Year

8. FATHER
 Full Name Walter Noppert
 9. Residence San Carlos, Arizona
(Usual place of abode)
 If non-resident, give place and state.
 10. Color or race 1/8 Apache Indian
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) San Carlos, Arizona
(State or country)
 13. Occupation None
 Name of Industry _____

14. MOTHER
 Full maiden name Florence Dowella
 15. Residence San Carlos, Arizona
(Usual place of abode)
 If non-resident, give place and state.
 16. Color or race 1/2 Apache Indian
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) San Carlos, Arizona
(State or country)
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother. 2
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
 (b) Born alive but now dead 1
 (c) Stillborn _____ 21. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:00 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. 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 _____ Address San Carlos, Arizona
 Month, day, year _____

Registrar. Filed 3/10 1921 Registrar. [Signature]

293-309-641