ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 137
Registered No.

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 Dora Patten (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 April 20, 1931. (Month Day Year)

FATHER

8. Full Name Albertx Patten

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 24 (Years)

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

13. Occupation Laborer.
Name of Industry

MOTHER

14. Full maiden name Eliza Calgo

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 18 (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 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No.

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ the birth of this child, who was born alive (Born alive or stillborn) at 9 a.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 [illegible] (Physician or midwife)

Address San Carlos, Ariz.

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

Registrar.

Filed 5/1, 1931 [illegible] Registrar.

475-420-530