# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No.

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)

Full name of child: June Bullis. (If child is not yet named, make supplemental report, as directed.)

| Sex of Child | To be answered ONLY in event of plural births. | 6. Legitimate? | 7. Date of birth |
|---|---|---|---|
| Female | 4. Twin, triplet or other: 5. No., in order of birth: | Yes | June 11, 1931. (Month Day Year) |

| FATHER | MOTHER |
|---|---|
| Full Name: Clarence Bullis | 14. Full maiden name: Barbara Noline. |
| Residence (Usual place of abode): San Carlos, Arizona. If non-resident, give place and state. | 16. Residence (Usual place of bode): San Carlos, Ariz. If non-resident, give place and state. |
| Color or race: 4/4 Apache Indian; 11. Age at last birthday: 25 (Years) | 16. Color or race: 4/4 Apache Indian; 17. Age at last birthday: 20 (Years) |
| Birthplace (city or place) (State or country): San Carlos, Ariz. | 18. Birthplace (city or place) (State or country): Bylas, Ariz. |
| Occupation: Laborer; Name of Industry: | 19. Occupation: Housewife. Nature of Industry: |

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

21. Were precautions taken against ophthalmia neonatorum? No.

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 10 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: [illegible] (Physician or midwife)

Live name added from supplemental report (Month, day, year) Address: San Carlos, Ariz.

Registrar. Filed 6/30, 1931 [illegible] Registrar.

12-611-255