

ARIZONA STATE BOARD OF HEALTH

170

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. _____
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)
{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Phyllis Martin

8. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	8. Legitimate?	7. Date of birth <u>June 14, 1931</u> Month Day Year
<u>Female</u>		5. No., in order of birth.....		

8. FATHER

Full Name Unknown

9. Residence Unknown
(Usual place of abode)
If non-resident, give place and state.

10. Color or race _____

11. Age at last birthday.....(Years) _____

12. Birthplace (city or place) _____
(State or country)

13. Occupation _____
Name of Industry _____

14. MOTHER

Full maiden name Bessie Gay

15. Residence San Carlos, Ariz.
(Usual place of abode)
If non-resident, give place and state.

16. Color or race 4/4 Apache Indian

17. Age at last birthday...25.....(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... <u>3</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living... <u>3</u>	21. Were precautions taken against ophthalmia neonatorum?
	(b) Born alive but now dead... <u>0</u>	
	(c) Stillborn... <u>0</u>	No. _____

REPORT. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a. 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 _____
(Physician or midwife)

Give name added from supplemental report 745-614-279 Address San Carlos, Ariz.
Month, day, year _____

Filed 6/30, 1931 Registrar _____

