

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

State File No. **192**
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 **Stanley Lockwood**
3. Sex of Child **Male** To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? **Yes** 6. No., in order of birth _____ 7. Date of birth **June 26, 1931**
Month Day Year

FATHER
8. Full Name **Willis Lockwood**
9. Residence **San Carlos, Ariz.**
(Usual place of abode)
If non-resident, give place and state.
10. Color or race **4/4 Apache Indian**
11. Age at last birthday **34** (Years)
12. Birthplace (city or place) **San Carlos, Ariz.**
(State or country)
13. Occupation **Laborer**
Name of Industry _____

MOTHER
14. Full maiden name **May Lane**
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 **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 **8**
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living **3**
(b) Born alive but now dead **5**
(c) Stillborn **0**
21. Were precautions taken against opthalmia neonatorum? **Yes**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **born alive** at **6:30 p.** 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 **J. Langley**
(Physician or midwife)

Give name added from a supplemental report **234-626435** Address **San Carlos, Ariz.**
Month, day, year
Filed **6/30**, 1931, Registrar **J. Langley**

each in order of serial number