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

Township: On reservation or Village: San Carlos

City: No. No hospital St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Deb Hinton (If child is not yet named, supplemental report, as dir

3. Sex: Male

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: X

7. Legitimate: yes

8. Date of birth: June 26, 1931 (Month, day, year)

FATHER

9. Full name: Peter Hinton

10. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Ariz.

11. Color or race: 4/4 Apache Indian

12. Age at last birthday: 46 (Years)

13. Birthplace (city or place) (State or country): San Carlos, Arizona

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: , 19

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Edna Dili

19. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Arizona

20. Color or race: 4/4 Apache Indian.

21. Age at last birthday: 32 (Y

22. Birthplace (city or place) (State or country): San Carlos, Arizona

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 5 (b) Born alive but now dead: 2 (c) Stillborn: 0

28. If stillborn, period of gestation: months or weeks

29. Cause of stillbirth: Before labor: During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ report the birth of this child, who was born alive (Born alive or stillborn) at ? m. on the date above st

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report: 485-626-549 (Date of)

Registrar.

(Signed) Dr. Z. Laughlin, M

or , Mid

Address San Carlos, Arizona

Filed 10/1/31, 19 Z. Laughlin Registra