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ARIZONA STATE BOARD OF HEALTH

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 reser vation or Village San Carlos, Arizona.

City No. In hospital (San Carlos Agency Hospital) Ward

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

2. Full name of child Ambrose Hoffman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

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 July 14, 1931 (Month Day Year)

8. FATHER

Full Name Granston Hoffman

9. Residence (Usual place of abode) San Carlos, Arizona

If non-resident, give place and state.

10. Color or race 4/4 Apache Indian

11. Age at last birthday 20 (Years)

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

13. Occupation Laborer

Name of Industry

14. MOTHER

Full maiden name Elsie Walley

15. Residence (Usual place of bode) San Carlos, Arizona

If non-resident, give place and state.

16. Color or race 4/4 Apache Indian

17. Age at last birthday 19 (Years)

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

19. Occupation Housekeeper.

Nature of Industry.

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? yes.

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 2:00 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 J. Faingle (Physician or midwife)

Give name added from a supplemental report 185-714-568 (Month, day, year) Address San Carlos, Arizona.

Registrar. Filed 7/14, 1931 J. Faingle Registrar.

B—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the numbers assigned in order of birth stated.