

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **193**
Registered No. _____

1. PLACE OF BIRTH

County **Gila** State **Arizona**

District or Township **On reservation** or Village **San Carlos, Arizona.**

City **No Hospital** No. _____ 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 **Margaret Mahsill**

3. Sex of Child Female.	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 23, 1931 Month Day Year
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8. FATHER
Full Name **Albert Mahsill**
Residence **San Carlos, Arizona**
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name **Rachel Polk**
Residence **San Carlos, Arizona.**
(Usual place of abode)
If non-resident, give place and state.

10. Color or race
4/4 Apache Indian

18. Color or race
4/4 Apache, Ind.

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

17. Age at last birthday **35** (Years)
18. Birthplace (city or place)
San Carlos, Ariz.
State or country

16. Occupation
Laborer.
Name of Industry

19. Occupation
Laborer Housewife
Nature of Industry

20. Number of children of this mother **3**
(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 **0**
(c) Stillborn **0**

21. Were precautions taken against ophthalmia neonatorum?
Yes

report. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attest~~ the birth of this child, who was **born alive**, at **4 P.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 **Dr. Z.M. Laughlin**
San Carlos, Arizona.
(Physician or midwife)

Give name added from a supplemental report **443-723-972** Address _____
Month, day, year

Registrar **3 Laughlin** Filed **7/29 1931**
San Carlos, Arizona Registrar

each in order