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 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)

2. Full name of child Thomas Goode — 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 25, 1931 (Month Day Year)

8. FATHER

Full Name ~~XXXXXXXX~~ Marcus Goode

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, Arizona.

(State or country)

13. Occupation Laborer

Name of Industry

14. MOTHER

Full maiden name Mary Bendle

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 Housewife

Nature of Industry.

20. Number of children of this mother 2 (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~~ Report the birth of this child, who was July 25, 1931 at 11 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 375-725-425 Month, day, year Address .....

W. F. Hunt Mrs. Registrar. Filed 7/29/ 1931 Z. Laughlin Registrar.

D. Carlos Arizona