105

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 Sadda, Ruth (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Girl

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 August 3, 1931 (Month Day Year)

8. FATHER

Full Name ~~XXXXXX~~ Harold Sadda

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 85 (Years)

12. Birthplace (city or place) San Carlos

(State or country) Arizona

13. Occupation Laborer

Name of Industry

14. MOTHER

Full maiden name Ada Polk

15. Residence (Usual place of bode) San Carlos Arigona

If non-resident, give place and state.

16. Color or race 4/4 Apache Indian

17. Age at last birthday ? (Years)

18. Birthplace (city or place) San Carlos

State or country) Arizona

19. Occupation Housewife.

Nature of Industry.

20. Number of children of this mother ~~X~~ 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 0

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 born alive (Born alive or stillborn) at 10 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 Dr. A.F. Hunte

San Carlos, Arizona (Physician or midwife)

Give name added from a supplemental report Address

Month, day, year

921-803-172 Filed 8/31, 1931

Registrar.

Registrar.

San Carlos, Arizona

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

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING