

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **115**

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
 Township On reservation or Village San Carlos
 City No hospital No. No hospital St. Wa Wa

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

2. Full name of child Carlos Reed { If child is not yet named, make supplemental report, as directed

3. Sex Male	If plural Births	4. Twin, triplet, or other.....	6. Premature..... Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <input checked="" type="checkbox"/> Yes	8. Date of <u>August</u> birth <u>10, 1931</u> , 19... (month, day, year)
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9. Full name FATHER <u>Burton Reed.</u>	18. Full maiden name MOTHER <u>Esther Moore.</u>
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10. Residence (usual place of abode) (If nonresident, give place and State) <u>San Carlos Arizona</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>San Carlos Arizona</u>
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20. <u>1/4 Apache Indian.</u>	21. Age at last birthday <u>38</u> (Years)
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13. Birthplace (city or place) (State or country) <u>San Carlos, Arizona.</u>	22. Birthplace (city or place) (State or country) <u>San Carlos, Ariz.</u>
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OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u> 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 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife.</u> 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 26. Total time (years) spent in this work
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation..... { months or weeks	29. Cause of stillbirth.....	Before labor During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a.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.

(Signed) Dr. A.F. Hunte, Byles, Arizona. M.

Given name added from a supplemental report..... or Midw
 Address 394 - 810 - 545
 Filed 8/31 1931 G. Pugh Registrar

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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 order of birth stated.