... a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 116

Registered No.

1. PLACE OF BIRTH

County Gil a State Arizona

Township On reservation. or Village San Carlos

City No. No hospital. St. Wa

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

2. Full name of child Calvin Noline { If child is not yet named, ma supplemental report, as directe

3. Sex Male | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? Yes. | 8. Date of birth Aug. 10, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name Oscar Noline	18. Full maiden name Maude Datson
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos Arizona	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos Arizona.
11. Color or race 4/4 Apache Ind. 12. Age at last birthday 48 (Years)	20. Color or race 4/4 Apache Ind. 21. Age at last birthday 30 (Years)
13. Birthplace (city or place) San Carlos, Arizona. (State or country)	22. Birthplace (city or place) San Carlos Arizona. (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19.. 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..., 19.. 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ... months or weeks | 29. Cause of stillbirth ... Before labor ... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive. at 7 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.

Given name added from a supplemental report 355 810-445 (Date of)

(Signed) Dr. A.F.Hunte, Eylas, Arizona, M.D.

or ..., Midwife

Address

Filed 8/31, 1931 [signature] Registrar

Registrar.