ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 129
Registered No.

1. PLACE OF BIRTH

County: Gila — State: Arizona.
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: Naltazan, Doris
(If child is not yet named, make supplemental report, as directed)

3. Sex: Female. — 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: August 15, 193 (Month, day, year)

FATHER

9. Full name: Philip Naltazan.
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona.
11. Color or race: 4/4 Apache. — 12. Age at last birthday: 25 (Years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.
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, 19 — 17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Irene Dia
19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona.
20. Color or race: 4/4 Apache. — 21. Age at last birthday: 20 (Years)
22. Birthplace (city or place) (State or country): San Carlos, Arizona.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
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, 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: 1 (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 (Born alive or stillborn) at 12:30 a/m. the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report: 455-815-941 (Date of)

(Signed) Dr. A.F.Hunte, M.D.
or Bylas, Arizona, Midwife
Address
Filed 8/31, 1931

Registrar. — Registrar.

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