ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1,553

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: Jefferson Black (If child is not yet named, make supplemental report, as directed)

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: Sept. 28, 1931 (Month, day, year), 19

FATHER	MOTHER
9. Full name: Albert Black	18. Full maiden name: Vivian Hanna
10. Residence (usual place of abode) (If non-resident, give place and State): San Carlos Arizona	19. Residence (usual place of abode) (If non-resident, give place and State): San Carlos Arizona
11. Color or race: 4/4 Apache	20. Color or race: 4/4 Apache Indian
12. Age at last birthday: 29 (Years)	21. Age at last birthday: 21 (Years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona	22. 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	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
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	25. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work:	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 7 p.m. m. on the date above sta

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

(Signed) Dr. Z. Laughlin, M.

or , Mid

Address: San Carlos, Arizona

Filed 10/1/31, 19 Registra

Given name added from a supplemental report 127-928-581 (Date of)

Registrar.

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.