ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 101

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 Genevieve Victor (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 October 14, 1931, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: Ernest Victor	18. Full maiden name: Delia Telto
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, Arizo
11. Color or race: 3/4 Apache Indian	20. Color or race: 4/4 Apache Indian
12. Age at last birthday: 20 (Years)	21. Age at last birthday: 19 (Year
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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a.m. on the date above stated.

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

(Signed) Z. Laughlin, M. D.

or , Midwife

Address San Carlos, Arizona

Filed 11/, 1931

Given name added from a supplemental report (Date of)

759-1014-436

Registrar.

Registrar.