ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 92

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township On reservation or Village San Carlos

City No. In San Carlos Indian Hospital St.

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

2. Full name of child Walter Fish (If child is not yet named supplemental report, as d

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 Nov. 6, 1931 (Month, day, year)

FATHER

9. Full name Roger Fish

10. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.

11. Color or race 4/4 Apache Indian | 12. Age at last birthday 37 (Years)

13. 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. Day 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 Suna

19. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.

20. Color or race 4/4 Apache Indian | 21. Age at last birthday 32 (Ye

22. Birthplace (city or place) San Carlos, Arizona (State or country)

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 4 (b) Born alive but now dead 6 (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 4-35 p.m. on the date above st

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

(Signed) Z. Laughlin, M

or , Mid

Address San Carlos, Arizona

Given name added from a supplemental report (Date of)

Filed 12/1, 1931 Z Laughlin Registr

608 - 1106 - 021 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.