ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 113

Registered No.

County Gila State Arizona

Township On reservation or Village San Carlos

City No. No hospital St. W

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

2. Full name of child Lena Vance (If child is not yet named, n supplemental report, as dire

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 Nov. 16, 1931 (Month, day, year), 19

FATHER	MOTHER
9. Full name George Vance	18. Full maiden name Rose Dili
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 4/4 Apache	20. Color or race 4/4 Apache Indian
12. Age at last birthday 25 (Years)	21. Age at last birthday 23 (Ye
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. Day 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 2 (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 7 am. m. on the date above s

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

Given name added from a supplemental report 355-1116-949 (Date of)

(Signed) Z. Laughlin, M

or , Mi

Address San Carlos, Arizona

Filed 12/1, 1932 Z. Laughlin Registr

Registrar.

in order of birth stated.