ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 127a

Registered No.

County ~~Gila~~ Gila State Arizona

Township On reservation or Village SanCarlos

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 Martin Randall (If child is not yet named, m supplemental report, as dire

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. 24, 1931, 19 (Month, day, year)

FATHER

9. Full name Benjamin Randall

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 48 (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 IVY MARTIN

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 22 (Y

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 3 (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 6 a.m. m. on the date above

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

Given name added from a supplemental report 493-1124-945 (Date of)

(Signed) Z. Laughlin

or , M

Address San Carlos, Arizona

Filed 12/31, 1931 Z. Laughlin Regi

Registrar.

N. B.—In case of more than one child at a birth, a sheet must be in order of birth stated.