ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 85

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: On reservation or Village: SanCarlos

City: No. No hospital St. War

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

2. Full name of child: ~~Kidd~~ Kidde, Sally (If child is not yet named, mak supplemental report, as directe

3. Sex: Female

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: X

7. Legitimate?:

8. Date of birth: Dec. 8, 1931, 19 (Month, day, year)

FATHER

9. Full name: Unknown

10. Residence (usual place of abode) (If non-resident, give place and State): ?

11. Color or race: ?

12. Age at last birthday: ? (Years)

13. Birthplace (city or place): ? (State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

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: Florence Kidde

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

20. Color or race: 4/4 Apache Indian

21. Age at last birthday: 20 (Years)

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.: None.

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: 1 (b) Born alive but now dead: - (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 2:30 a. m. on the date above stat

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

(Signed) Z. Laughlin, M.

or, Midw

Address: San Carlos, Arizona

Given name added from a supplemental report (Date of)

225-1208-625

Registrar.

Filed 12/31, 1931 Z. Laughlin (Registrar)