ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 104

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: Raymos Edwards (If child is not yet named, make supplemental report, as directed)

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: Dec. 16, 1931 (Month, day, year), 19

FATHER

9. Full name: Arthur Edwards

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

11. Color or race: 4/4 Apache Indian

12. Age at last birthday: 27 (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: Marion Phillips

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

20. Color or race: 4/4 Apache Indian

21. Age at last birthday: 24 (Years) San Carlos, Arizona

22. Birthplace (city or place): (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: 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 the birth of this child, who was born alive (Born alive or stillborn) at 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

Given name added from a supplemental report (Date of)

952-1216-472 Registrar.

Filed 12/31, 1931 Z. Laughlin Registrar.

In order of birth stated.