ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 107

Registered No.

County Gila State Arizona

Township On Reservation or Village San Carlos

City No. No hospital St. Wa

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

2. Full name of child Laura Hoffman (If child is not yet named, ma supplemental report, as direct

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 Dec. 17, 1931 (Month, day, year), 19

9. Full name FATHER Leslie Hoffman

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

11. Color or race 4/4 Apache | 12. Age at last birthday 51 (Years)

13. Birthplace (city or place) South Carolina (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

18. Full maiden name MOTHER Bertha Engle

19. Residence (usual place of abode) (If non-resident, give place and State) ~~[illegible]~~ San Carlos, Arizona

20. Color or race 4/4 Apache | 21. Age at last birthday 25 (Year

22. Birthplace (city or place) Garcilla(?), 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 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 10p.m. 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

Filed 17/31 1931 [signature] Registrar

Given name added from a supplemental report (Date of)

385-1217-255 Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the initiative of birth in order of birth stated.