ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 113a

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: Off reservation. or Village: Florence

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: Hunt Young (If child is not yet named, ma supplemental report, as direct

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. 22, 1931, 19 (Month, day, year)

FATHER

9. Full name: Dick Young

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

11. Color or race: 4/4 Apache Indian

12. Age at last birthday: 25 (Years)

13. Birthplace (city or place) (State or country): San Carlos, Arizona

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: Gertrude ?

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

20. Color or race: 4/4 Apache Indian

21. Age at last birthday: 33 (Year

22. Birthplace (city or place) (State or country): San Carlos, Arizona

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: 2 (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 p.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

Given name added from a supplemental report (Date of)

887-1222-700 Registrar.

Filed 1/3/, 1932 Z. Laughlin Registrar

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