ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 117

Registered No.

1. PLACE OF BIRTH

County ~~Gila~~ Gila State Arizona

Township On reservation or Village San Carlos,

City No. SanCarlos Indian Reservation St. Wa

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

2. Full name of child Patricia Chambers (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. 24, 1931 (Month, day, year), 19

9. Full name FATHER Buck Chambers

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

11. Color or race 4/4 Navajo Indian | 12. Age at last birthday 22 (Years)

13. Birthplace (city or place) Navajo Reservation, ~~Arizona~~ (State or country) Gallup N. Mex

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 Eva Dickens

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

20. Color or race 1/2 Mojave 1/2 Apache Indian | 21. Age at last birthday 19 (Year

22. Birthplace (city or place) Fort McDowell, Ariz (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 the birth of this child, who was born alive at ~~7:30~~ 6:40 m. on the date above stat (Born alive or stillborn)

(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)

732-1224-542 Registrar.

Filed 12/31, 1931 [signature] Registrar

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