ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 126 b

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 LEE RUSSELL (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. 29, 1931. (Month, day, year), 19

FATHER		MOTHER	
9. Full name	Gray Russell	18. Full maiden name	Clara Vance
10. Residence (usual place of abode) (If non-resident, give place and State)	San Carlos	19. Residence (usual place of abode) (If non-resident, give place and State)	San Carlos
11. Color or race	4/4 Apache Indian	20. Color or race	4/4 Apache Indian
12. Age at last birthday	31 (Years)	21. Age at last birthday	28 (Years)
13. Birthplace (city or place) (State or country)	San Carlos, Arizona	22. 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.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	, 19	25. Date (month and year) last engaged in this work	, 19
17. Total time (years) spent in this work		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 3 (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 11 a.m. 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)

393-1229-355 Registrar.

Filed 1/31, 1932 [signature] Registrar.

N. B.—In case of more than one child at a birth, a separate [illegible] in order of birth stated.