ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 87

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: Buck, Katherine (If child is not yet named, make supplemental report, as directed)

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: Jan. 5, 1932. (Month, day, year), 19

FATHER

9. Full name: Meil Buck

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

11. Color or race: 4/4 Apache Indian

12. Age at last birthday: 49 (Years)

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

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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: Ollie Gage

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

20. Color or race: 4/4 Apache Indian

21. Age at last birthday: 42 (Years)

22. Birthplace (city or place) (State or country): Bylas, 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: 2 (b) Born alive but now dead: 2 (c) Stillborn: 1

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 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

Filed 1/31 1932 Z. Laughlin Registrar

Given name added from a supplemental report (Date of) 222-105-675 Registrar.

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