ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 110

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: On reservation. or Village: San Carlos,

City: No. In San Carlos Indian Hospital St. W

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

2. Full name of child: Marcella Upshaw (If child is not yet named, n supplemental report, as dire

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. 22, 1932 (Month, day, year) 19

FATHER

9. Full name: John Upshaw

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

11. Color or race: 4/4 Apacho Indian

12. Age at last birthday: 33 (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.: 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: Winona Doesla

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

20. Color or race: 4/4 Apacha Indian

21. Age at last birthday: 20 (Ye

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: 3 (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 (Born alive or stillborn) at 1:00 p.m./m. on the date above st

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) S. Z. Laughlin, M

or , Mid

Address: San Carlos, Arizona

Given name added from a supplemental report: 446-122-641 (Date of)

Registrar,

Filed 1/31 19 33 Registra