103

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. .....

1. PLACE OF BIRTH

County Gils 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 Julia Hado (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 Feb. 5, 1932 (Month, day, year), 19...

FATHER	MOTHER
9. Full name Frank Hado	18. Full maiden name Bertha 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 40	20. Color or race 4/4 Apache Indian 22
12. Age at last birthday 40 (Years)	21. Age at last birthday 22 (Years)
13. Birthplace (city or place) San Carlos, Arizona (State or country)	22. Birthplace (city or place) San Carlos, Arizona (State or country)
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 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 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

Filed 2/24, 1932 Z. Laughlin Registrar.

Given name added from a supplemental report ..... (Date of)

186-205-255 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.