120

State File No.
Registered No.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: On reservation or Village: San Carlos

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

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

2. Full name of child: Nolina Ruth (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. 16, 1932 (Month, day, year)

FATHER

9. Full name: Andrew Nolina

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

11. Color or race: 4/4

12. Age at last birthday: 60 (Years)

13. Birthplace (city or place): San Carlos, Arizona (State or country): Apache Indian

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dno. (pensioner)

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: Lalto ~~Nolina~~ Montgomery

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

20. Color or race: 4/4

21. Age at last birthday: 20 (Years)

22. Birthplace (city or place): San Carlos, Arizona (State or country): Apache Indian

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: 4 (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 12:00 p.m. on the date above stated.

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

(Signed) Dr. E. L. Laughlin, M. D.

or, Midwife

Address: San Carlos, Arizona

Given name added from a supplemental report (Date of)

Filed 2/24, 1932

Registrar

955-216-448

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.