ARIZONA STATE BOARD OF HEALTH

101

State File No.

Registered No.

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. No hospital St. Wa

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

2. Full name of child Adam Datsi (Dotson) (If child is not yet named, ma supplemental report, as direct

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 Ma4ch 3,1932 (Month, day, year), 19

FATHER	MOTHER
9. Full name Roy Datsi (Datson)	18. Full maiden name Annie Quail
10. Residence (usual place of abode) (If non-resident, give place and State) Camp Verde, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State) Camp Verde, Ariz
11. Color or race 4/4 Apache	20. Color or race 4/4 Apache
12. Age at last birthday 43 (Years)	21. Age at last birthday ? (Year
13. Birthplace (city or place) San Carlos, Ariz. (State or country)	22. Birthplace (city or place) San Carlos, Ariz. (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 5 (b) Born alive but now dead 6 (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~~ report the birth of this child, who was born alive (Born alive or stillborn) at ? 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, Ariz.

Filed 3/28, 1932 Z. Laughlin Registrar.

Given name added from a supplemental report J. C. Hancock N.D. (Date of)

148-303-183 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 in order of birth stated.