ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 99

Registered No.

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: Loretta Patten (If child is not yet named, m supplemental report; as direct

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: April 8, 1932 (Month, day, year), 19

9. Full name — FATHER: ~~[illegible]~~ Earl Patten

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

11. Color or race: 4/4 Apache 12. Age at last birthday: 49 (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.: Day 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:

18. Full maiden name — MOTHER: Susie Arnold

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

20. Color or race: 4/4 Apache 21. Age at last birthday: 36 (Year

22. Birthplace (city or place) (State or country): SanCarlos, 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: 9 (b) Born alive but now dead: 3 (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 11 p.m. m. on the date above state

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

(Signed) J. C. Hancock, M. D.

or , Midwif

Address: SanCarlos, Arizona

Given name added from a supplemental report: April 15, 1932 (Date of)

J. C. Hancock, M.D. Registrar.

Filed April 15, 19 32 J. C. Hancock 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.

375-406-214