ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 115

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township On reservation or Village San Carlos

City No hospital St. W

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

2. Full name of child Willie Randall (If child is not yet named, m supplemental report, as dire

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 May 5, 1932 (Month, day, year) 19

FATHER	MOTHER
9. Full name Ernest Randall	18. Full maiden name Maude Hoffman
10. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.	19. 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 32 (Years)	20. Color or race 4/4 Apache 21. Age at last birthday 22 (Yea
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. Indian policeman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Houswife
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~~ report the birth of this child, who was born alive (Born alive or stillborn) at night m, on the date above stat

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

(Signed) J. C. Hancock, M.

or , Midw

Address San Carlos, Arizona

Given name added from a supplemental report (Date of)

693-505-1185 Registrar.

Filed June 2 1932 J. C. Hancock M.D. Registrar