# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 121

Registered No.

County Gila State Arizona

Township On reservation without medical care 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 Willie Wallace (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 May 9, 1932 (Month, day, year), 19

| FATHER | MOTHER |
|---|---|
| 9. Full name Frank Wallace | 18. Full maiden name Ethel Gusdill |
| 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 ? (Years) | 20. Color or race 4/4 Apache 21. Age at last birthday 25 (Years) |
| 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 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~~ 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, Ariz.

Given name added from a supplemental report (Date of)

665-509-572 Registrar.

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