PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 44[illegible]

Registered No.

County Navajo State Arizona

Township Fort Apache Indian Reservation or Village

City Whiteriver No. St. Ward

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

Full name of child Curtis Ethelbah (If child is not yet named, make supplemental report, as directed)

Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 3 | 6. Premature No; Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 27, 1932 (Month, day, year) 19

FATHER	MOTHER
Full name Custer Ethelbah	18. Full maiden name Alice Alchesay
Residence (usual place of abode) (If non-resident, give place and State) Whiteriver, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State) Whiteriver, Ariz
Color or race Indian; 12. Age at last birthday 28 (Years)	20. Color or race Indian; 21. Age at last birthday 24 (Years)
Birthplace (city or place) Whiteriver (State or country) Arizona	22. Birthplace (city or place) Whiteriver (State or country) Arizona
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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. Govt. Indian Agency	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work May, 1932; 17. Total time (years) spent in this work 4	25. Date (month and year) last engaged in this work May, 1932; 26. Total time (years) spent in this work 5

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

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 Alive (Born alive or stillborn) at 9 a. m. on the date above stated.

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

(Signed) J. Hudkuff, M.

or ..... Midw

Address .....

Filed 2/15/33, 19 J. Hudkuff Registrar

When name added from supplemental report ..... (Date of)

358-527-118 Registrar.