

# ARIZONA STATE BOARD OF HEALTH

80

## BUREAU OF VITAL STATISTICS

### STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. ....

**1. PLACE OF BIRTH**

County Gila State Arizona  
 Township On reservation without medical care or Village San Carlos  
 City No. No. hospital St.  Ward   
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Elizabeth Shaw (If child is not yet named, make supplemental report, as directed)

<b>3. Sex</b> <u>Female</u>	<b>If plural births</b>	<b>4. Twin, triplet, or other</b> <u></u>	<b>6. Premature</b> <u></u>	<b>7. Legitimate?</b> <u>X</u>	<b>8. Date of birth</b> <u>July 2, 1932</u> , 19... <small>(Month, day, year)</small>
		<b>5. Number, in order of birth</b>	<b>Full term</b>		

**9. Full name** Clement Shaw **FATHER**

**18. Full maiden name** Alice Watson **MOTHER**

**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** 29 (Years)

**23. Color or race** 4/4 Apache **21. Age at last birthday** 22 (Years)

**13. Birthplace (city or place)** San Carlos, Ariz.  
(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 splanner, 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**

**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 3 (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

**REPORT** **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated  
(Born alive or stillborn)

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

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

Given name added from a supplemental report  (Date of)

Address San Carlos, Arizona

Filed July 12, 1932 J. C. Hancock Registrar

MAKE CERTAINLY MAKE UNFADING INK—THIS IS A PERMANENT RECORD. 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.  
 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.

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