ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. X X X

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: On reservation without medical care. or Village: San Carlos,

City: San Carlos 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: Lillie Nash (If child is not yet named, make supplemental report, as directed)

3. Sex: Female

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term:

7. Legitimate? yes

8. Date of birth: July 27, 19 32 (Month, day, year)

FATHER	MOTHER
9. Full name: Percy Nash	18. Full maiden name: Nancy Edwards
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):
11. Color or race: Indian 12. Age at last birthday: 32 (Years)	20. Color or race: Indian 21. Age at last birthday: 26 (Years)
13. Birthplace (city or place) (State or country): San Carlos, Ariz.	22. Birthplace (city or place) (State or country): San Carlos, Ariz.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	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 17. Total time (years) spent in this work:	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: ~~2~~ 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:

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 m. on the date above stated

report

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

(Signed) James C. Hancock M. D.

or Midwife

Address San Carlos, Ariz.

Given name added from a supplemental report (Date of)

Registrar.

Filed July 8, 1932 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.

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