

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 108
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
Township In reservation hospital or Village _____
City San Carlos No. San Carlos Indian Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leon Randall (If child is not yet named, make supplemental report, as directed)

3. Sex Male 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 28, 1932 19____
(Month, day, year)

9. Full name Wallace ~~Harvey~~ Randall 18. Full maiden name Mollie Roy MOTHER

10. Residence (usual place of abode) San Carlos 19. Residence (usual place of abode) San Carlos
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race Apache 12. Age at last birthday 30 (Years) 20. Color or race Apache 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) San Carlos 22. Birthplace (city or place) San Carlos
(State or country) (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, 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.	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	18. Laborer			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>			

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 2 (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

11:30 A.M.

I hereby certify that I attended the birth of this child, who was born alive at _____ 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.
or _____ Midwife

Given name added from a supplemental report _____ (Date of) _____
Address San Carlos, Ariz
Filed July 28, 1932 J. C. Hancock, M.D. Registrar.

Registrar.

393-0728-498

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.