ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 110

Registered No.

1. PLACE OF BIRTH

County: ~~San Carlos~~ Gila State: Arizona

Township: In reservation hospital. or Village: San Carlos.

City: No. San Caelos Ind. Hospital St. Ward

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

2. Full name of child: Eugene Noline. (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 29, 1932. (Month, day, year), 19

FATHER

9. Full name: Joseph Noline.

10. Residence (usual place of abode) (If non-resident, give place and State): Bylas.

11. Color or race: Apache 12. Age at last birthday: 31 (Years)

13. Birthplace (city or place): Bylas. (State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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:

MOTHER

18. Full maiden name: Emma Harding.

19. Residence (usual place of abode) (If non-resident, give place and State): Bylas

20. Color or race: Apache 21. Age at last birthday: 37 (Years)

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

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

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: 4 (b) Born alive but now dead: 3 (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 born alive (Born alive or stillborn) at 7:30 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. C. Hancock, M. D.

or , Midwife

Address San Carlos, Ariz.

Filed July 29 1932 J. C. Hancock Registrar.

Given name added from a supplemental report (Date of)

Registrar.

555-0729-587

N. B. In case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each, and the number of each in order of birth stated.