

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 113  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Graham State Arizona  
Township On reservation or Village Bylas  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex <b>Male</b>	If plural births	4. Twin, triplet, or other	6. Premature Full term	7. Legitimate? <b>Yes</b>	8. Date of birth <u>7-31-32</u> , 19____ <small>(Month, day, year)</small>
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9. Full name FATHER  
Niccoli Wilson

18. Full maiden name MOTHER  
Sarah Gosey

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

19. Residence (usual place of abode) (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 28 (Years)

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

22. Birthplace (city or place) \_\_\_\_\_  
(State or country)

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

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

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\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

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 None (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 at 6 P.M. 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) A. F. Hunter M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife  
Address Bylas, Ariz

Filed July 31 1932 J.C. Hancock M.D. Registrar.

365-0731-275

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.