ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 99

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: Ernest Nosie (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: X

7. Legitimate? yes

8. Date of birth: Aug. 1, 1932 (Month, day, year), 19

FATHER

9. Full name: William Nosie

10. 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: 35 (Years)

13. 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.: 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: April McCloud ~~Nosie~~

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

20. Color or race: 4/4 Apache

21. Age at last birthday: 40 (Years)

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

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: 4 (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~~ report the birth of this child, who was alive (Born alive or stillborn) at m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return. 855-801-444

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

or Midwife

Address San Carlos, Ariz.

Given name added from supplemental report (Date of)

Registrar.

Filed Aug. 8, 1932 J. C. Hancock Registrar.