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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. .....

Registered No. .....

County ~~Xx~~ Gila State Arizona

Township On reservation or Village San Carlos

City ..... No. San Carlos Hospital St. ..... Ward

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

2. Full name of child James Collins Key (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. 6, 1932 (Month, day, year), 19...

9. Full name — FATHER: Leo Norton Key

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 32 (Years)

13. Birthplace (city or place) San Carlos, Ariz. (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 .....

18. Full maiden name — MOTHER: Ethel Victor

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 29 (Years)

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

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 4 5 (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 8:30 a. m. on the date above stated

(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 128-806-559 (Date of)

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

..... Registrar.