

# ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. SA

Registered No. \_\_\_\_\_

County Gila State Arizona

Township On reservation or Village San Carlos

City San Carlos Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give the NAME instead of street and number)

2. Full name of child SCULLINSON Mary Martin (If child is not yet named, make supplemental report, as directed)

3. Sex <b>Female</b>	If plural births	4. Twin, triplet, or other	6. Premature <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>August 6</u> , 19 <u>32</u> (Month, day, year)
		5. Number, in order of birth	Full term <input checked="" type="checkbox"/>		

9. Full name <b>FATHER</b> <u>Elmer Martin</u>	18. Full maiden name <b>MOTHER</b> <u>Minnie S.</u>
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>San Carlos, Ariz.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>San Carlos, Ariz.</u>
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11. Color or race <u>1/4 Apache</u>	12. Age at last birthday <u>36</u> (Years)	20. Color or race <u>1/4 Apache</u>	21. Age at last birthday <u>25</u> (Years)
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13. Birthplace (city or place) <u>San Carlos, Ariz.</u> (State or country)	22. Birthplace (city or place) <u>San Carlos, Ariz.</u> (State or country)
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EDUCATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	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____
	17. Total time (years) spent in this work _____		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 0 (c) Stillborn 1

28. If stillborn, period of gestation <u>8</u> months or weeks	29. Cause of stillbirth <u>Toxemia of pregnancy prematurity</u>	Before labor <u>YES</u> During labor <u>YES</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was stillborn at 2:10 a.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) James C. Hancock, M. D.

or \_\_\_\_\_, Midwife

Address San Carlos, Ariz.

Filed Aug 8, 1932 J. C. Hancock Registrar

Given name added from supplemental report 415-806-120 (Date of)

Registrar