111

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. .....

Registered No. .....

County Gila State Arizona

Township On reservation 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 Nelson Baker 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 8-24-32 (Month, day, year), 19....

FATHER	MOTHER
9. Full name John Baker Nosie	18. Full maiden name Hannah Grant
10. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.	19. 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 30 (Years)	20. Color or race 4/4 Apache 21. Age at last birthday 25 (Years)
13. Birthplace (city or place) San Carlos, Arizona (State or country)	22. Birthplace (city or place) San Carlos, Arizona (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
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.... 17. Total time (years) spent in this work	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 1 (b) Born alive but now dead 2 (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 5:30 p.m. on the date above stated

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

Given name added from a supplemental report 555-824-873 (Date of)

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

or ....., Midwife

Address San Carlos, Arizona

Filed Aug 25, 1931 J. C. Hancock Registrar.

..... Registrar.

In order of birth stated.