CERTIFICATE AMENDED
SEE NOTATION

Item 2 amended by Aff. of Reg. + Child Birt Cert. 1.13.51 (6-6-73)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 3286

Registered No. _____

1. PLACE OF BIRTH

County Navajo State Arizona

Township Ft. Apache Indian Reservation or Village _____

City Whiteriver No. Fort Apache Agency Hospital St. _____ Ward

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

2. Full name of child ~~Bettie Lou Amos~~ Betty Jean Amos (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug. 25, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name: Tom Amos	18. Full maiden name: Elizabeth Brown
10. Residence (usual place of abode) (If non-resident, give place and State): Whiteriver	19. Residence (usual place of abode) (If non-resident, give place and State): Whiteriver, Ariz
11. Color or race: Indian 12. Age at last birthday 30 (Years)	20. Color or race: White 21. Age at last birthday 29 (Years)
13. Birthplace (city or place) (State or country): Whiteriver, Arizona	22. Birthplace (city or place) (State or country): Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	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.: Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Aug., 1933	25. Date (month and year) last engaged in this work: August, 1933
17. Total time (years) spent in this work: 20	26. Total time (years) spent in this work: 10

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 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 born 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.)

(Signed) J. Thos. O'Hupp, M.D.

or _____, Midwife

Address Whiteriver, Arizona

Filed 9/20/33 19 J. O'Hupp, Registrar.

Given named added from a supplemental report _____ (Date of)

212-825-525

Registrar.

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.