an Carlos Agency

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 115 a

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 Dudley, Davis Junior (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. Married? Yes

8. Date of birth Dec. 16th, 1933, 19 (Month, day, year)

FATHER

9. Full name Dudley, Davis

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 23 (Years)

13. Birthplace (city or place) San Carlos (State or country) Arizona

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 Dec. 1933, 19

17. Total time (years) spent in this work ?

MOTHER

18. Full maiden name Chinney, Gertrude

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 26 (Years)

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

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. Own home

25. Date (month and year) last engaged in this work Dec. 1933, 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 2 (b) Born alive but now dead - (c) Stillborn -

28. If stillborn, period of gestation (months or weeks)

29. Cause of stillbirth (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Reported

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) Fred A. Kennedy, M. D.

or, Midwife

Address San Carlos, Ariz.

Given name added from a supplemental report (Date of)

Registrar.

Filed Oct. 31, 1935 Fred A. Kennedy Registrar.

10M—9-1-34 FORM No. 2

448-1216-738