E---On R.

1. PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 136

Registered No.

County Gila State ARIZONA

Township On reservation with medical care or Village San Carlos

City No. San Carlos Indian Hospital St. Ward

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

2. Full name of child Goode, Both { If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births { 4. Twin, triplets, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Is mother married? Yes | 8. Date of birth Nov. 24th, 1936. (Month, day, year), 19

9. Full name FATHER Goode, Britton

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 25 (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 Nov. 1936, 19

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

18. Full maiden name MOTHER Phillips, Marie

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 15 (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 Nov. 1936, 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 - (c) Stillborn -

28. If stillborn, period of gestation { months or weeks | 29. Cause of stillbirth { During labor Before 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 2:40 a.m. m. on the date above stated

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

(Signed) Don Lynwalter, M. D.

or , Midwife

Address San Carlos, Arizona.

Filed , 19 Don Lynwalter Registrar.

Given name added from a supplemental report (Date of)

Registrar.

20M 1-8-36 Form No. 2 MS--100 Rag

275-1124-472