589

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. .....

County Navajo State ARIZONA

Township Fort Apache Agency Hospital, or Village

City Whiteriver, Arizona. St. Ward

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

2. Full name of child Mary Jane Walker, (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 April 8, 1937. (Month, day, year)

FATHER

9. Full name Alonzo Walker

10. Residence (usual place of abode) (If non-resident, give place and State) Ft. Apache Agency Whiteriver, Arizona.

11. Color or race Indian 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Ft. Apache Agency, (State or Country) Whiteriver, 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. ECW

16. Date (month and year) last engaged in this work April, 1937

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

MOTHER

18. Full maiden name Mary Gass

19. Residence (usual place of abode) (If non-resident, give place and State) Ft. Apache Agency Whiteriver, Arizona.

20. Color or race Indian 21. Age at last birthday 26 (Years)

22. Birthplace (city or place) Ft. Apache Agency, (State or Country) Whiteriver, 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 April, 1937

26. Total time (years) spent in this work 5

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 3 (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 7:20 P. m. on the date above stated

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

(Signed) W. Ancel Jones, M. D.

or ....., Midwife

Address Whiteriver, Arizona.

Filed May 4, 1937 [illegible], Registrar.

Given name added from a supplemental report ..... (Date of) ..... Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag

469-408-472