

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 117

Registered No. _____

PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village _____

City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Nakis } If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>9</u> <u>4</u> <u>28</u> Month Day Year
	5. No., in order of birth		

8. FATHER
Full name Alexander Nakis

14. MOTHER
Full maiden name Alice Natsyn

9. Residence
(Usual place of abode) San Carlos,
If non-resident, give place and state. Ariz.

15. Residence
(Usual place of abode) San Carlos,
If non-resident, give place and state. Ariz.

10. Color or race Apache
4/4 Indian
11. Age at last birthday 20 (Years)

16. Color or race Apache
4/4 Indian
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) San Carlos,
(State or country) Ariz.

18. Birthplace (city or state) San Carlos,
(State or country) Ariz.

13. Occupation
Nature of industry common labor

19. Occupation
Nature of industry housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child).	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum.
	(b) Born alive but now dead <u>2</u>	<u>yes</u>
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature [Signature]
(Physician or midwife)

Given name added from a supplemental report _____ Address San Carlos, Ariz.

Month, day, year _____ Filed _____, 19 _____
Registrar _____ Registrar [Signature]

352-904-155

N. B.—In case of 1... and one child at a birth, a SEPARATE RETURN must be made order of birth stated.