

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child F. To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth II / 10 / 28.
 Month Day Year

8. FATHER
 Full name Melvin Gotso

14. MOTHER
 Full maiden name Ruth Brave

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

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 If non-resident, give place and state.

10. Color or race Apache 4/4 Indian
 11. Age at last birthday 39 (Years)

16. Color or race Apache 4/4 Indian
 17. Age at last birthday 39 (Years)

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

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 (State or country)

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 3
 (b) Born alive but now dead 2
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ ^{report} the birth of this child, who was born alive at 7.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 D. H. Sawyer M.D.
 _____ (Physician or midwife)

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

Month, day, year _____ Filed _____, 19 _____ Registrar _____ Registrar _____

276-1110-925