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

State File No. 145 V
Registered No.

1. 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: Nancy Ruston { If child is not yet named, make supplemental report, as directed.

3. Sex of Child: female | To be answered ONLY in event of plural births. 4. Twin, triplet or other: 5. No., in order of birth: | 6. Legitimate? yes | 7. Date of birth: 12/15/28. (Month Day Year)

8. FATHER	14. MOTHER
Full name: Waldo Ruston	Full maiden name: Mary Brown
9. Residence (Usual place of abode): Bylas, Ariz. If non-resident, give place and state.	15. Residence (Usual place of abode): Bylas, Ariz. If non-resident, give place and state.
10. Color or race: Apache 4/4 Indian; 11. Age at last birthday: 26 (Years)	16. Color or race: Apache 4/4 Indian; 17. Age at last birthday: 18 (Years)
12. Birthplace (city or place): Bylas, (State or country) Ariz.	18. Birthplace (city or place): San Carlos, (State or country) Ariz.
13. Occupation: common labor; Nature of industry:	19. Occupation: housewife; Nature of industry:

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: 1
(b) Born alive but now dead: 0
(c) Stillborn: 0

21. Were precautions taken against ophthalmia neonatorum? no

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 2.30 a. m. on the date above stated.

* 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: C H Sawyer M.D. (Physician or midwife).

Address: San Carlos, Ariz.

Given name added from a supplemental report: Month, day, year

Registrar

Filed: , 19 C.H.Sawyer. Registrar

595-1215-425