

ARIZONA STATE BOARD OF HEALTH

State File No. 190

BUREAU OF VITAL STATISTICS

Registered No. _____

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village San Carlos
 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 Calvin Kichiyan { If child is not yet named, make supplemental report, as directed

3. Sex of Child Male 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 2/28/29
 Month Day Year

8. FATHER
Full name Dekora Kichiyan14. MOTHER
Full maiden name Helen Banasau9. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.15. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.10. Color or race Apache 4/4 Indian 11. Age at last birthday 32 (Years)16. Color or race Apache 4/4 Indian 17. Age at last birthday 26 (Years)12. Birthplace (city or place) San Carlos, Ariz.
(State or country)13. Birthplace (city or state) San Carlos, Ariz.
(State or country)13. Occupation
Nature of industry Indian Policeman19. 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 1
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. no

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 11 P. 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 C. H. Sawyer M.D.Given name added from a supplemental report _____ Address San Carlos, Ariz. (Physician or midwife).

Month, day, year

Filed _____, 19 1929 C.H. Sawyer.

Registrar.

Registrar.

325-228-824