PLACE OF BIRTH

unty of Gila

ct of San Carlos

of Rice

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

County Registrar No.

Local Registrar No.

f ..... No. ..... St., ... Ward

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

l name of child Frank Hoffman { If child is not yet named, make supplemental report, as directed.

of Child m | 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 June 20, 1929 (Month Day Year)

FATHER		MOTHER	
ame	William Hoffman	14. Full maiden name	Margaret Galson
idence (Usual place of abode)	Rice	15 Residence (Usual place of abode)	Rice
n-resident, give place and state.		If non-resident, give place and state.	
or or race	e Ind.	16 Color or race	4/4 Apache Ind.
11. Age at last birthday	30 (Years)	17. Age at last birthday	27 (Years)
hplace (city or place)	Rice	18. Birthplace (city or place)	Rice
State or country)	Arizona	(State or country)	Arizona
upation	Laboror	19. Occupation	Housewife
re of industry		Nature of industry	

nber of children of this mother 6 (as of time of birth of child herein and including this child.)
(a) Born alive and now living I
(b) Born alive but now dead 5
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 4 p. m. on the date above stated

en there was no attending physician wife, then the father, householder, ould make this return. A stillborn s one that neither breathes nor other evidence of life after birth.

Signature V. R. Combe (Physician or midwife).

Address Rice, Arizona

ame added from emental report 685-620-475 Filed ....., 19.... Local Registrar.

Month, day, year

..... Registrar Filed ....., 19.... County Registrar.

V. S. No. 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.