

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.

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

State File No. 171a
 Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Reese Bullis { 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?	7. Date of birth
Male			yes	8 / 11 - 29 Month Day Year
		5. No., in order of birth		

8. FATHER
 Full name Clarence Bullis
 9. Residence (Usual place of abode) Caloa, Ariz.
If non-resident, give place and state.
 10. Color or race 4/4
apache ind.
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) San Carlos
(State or country) Ariz.
 13. Occupation Com. Labor
Nature of Industry

14. MOTHER
 Full maiden name Barbara Noline
 15. Residence (Usual place of abode) Caloa, Ariz.
If non-resident, give place and state.
 16. Color or race 4/4
apache ind.
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) San Carlos
(State or country) Ariz.
 19. Occupation Housewife
Nature of Industry

20. Number of children of this mother <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>no</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 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 [Signature]
(Physician or Midwife).

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

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

922-811-255