

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. 187  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township San Carlos Res. 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 Donald Hinton { If child is not yet named, make supplemental report, as directed.

3. Sex 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 8-14-1929  
Month Day Year

8. FATHER  
Full name Peter Hinton

14. MOTHER  
Full maiden name Edna Lightfoot

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

15. Residence (Usual place of abode) Rice  
If non-resident, give place and state.

10. Color or race 4/4 apache 11. Age at last birthday 34 (Years)

16. Color or race 4/4 apache 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Rice  
(State or country) Ariz.

18. Birthplace (city or place) Rice  
(State or country) Ariz.

13. Occupation Cowboy  
Nature of industry

19. Occupation housewife  
Nature of industry

20. Number of children of this mother 7 } (a) Born alive and now living 5  
(Taken as of time of birth of child herein } (b) Born alive but now dead 2  
certified and including this child.) } (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 9.30 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 D. R. Cornbe  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Rice, Ariz.  
Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_

485-814-533