

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. 128a  
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 Barbara Miller { 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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 9/2-29  
Month Day Year

8. FATHER  
Full name Homer Miller

14. MOTHER  
Full maiden name Mary Chimney

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

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

10. Color or race 4/4 apache Ind. 11. Age at last birthday 49 (Years)

16. Color or race 4/4 apache Ind. 17. Age at last birthday 49 (Years)

12. Birthplace (city or place) San Carlos Ariz.  
(State or country)

18. Birthplace (city or place) San Carlos Ariz.  
(State or country)

13. Occupation Com. Labor  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 8 (a) Born alive and now living 8  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmic neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I, Dr. R. C. Combs, certify that I attended the birth of this child, who was 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 Dr. R. C. Combs  
(Physician or Midwife)

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

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

249-982-438