

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

147a 149a
State File No. 193
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 Gerald Rambler (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>9-13-1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Homer Rambler

14. MOTHER
Full maiden name Olive Talgo

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

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

10. Color or race 4/4 apache
11. Age at last birthday 26 (Years)

16. Color or race 4/4 apache
17. Age at last birthday 24 (Years)

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

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

13. Occupation Truck Driver
Nature of Industry _____

19. Occupation housewife
Nature of industry _____

20. Number of children of this mother 3
(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 0
(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 11.20 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 Rice, Ariz.
Month, day, year _____

Registrar _____ Filed _____, 19 _____ Registrar _____

799-913-636