

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1150
196

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 Palmer Duncan { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? yes	7. Date of birth II- 2- 1929 Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Emerson Duncan

14. MOTHER
Full maiden name Eva Salter

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 ind. 11. Age at last birthday 24 (Years)

16. Color or race 4/4 apache ind. 17. Age at last birthday 20 (Years)

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

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

13. Occupation laborer
Nature of industry

19. Occupation housewife
Nature of industry

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>10</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? yes
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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 3 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.

Filed _____, 19____ Registrar _____

745-1102.529