

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

State File No. _____

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 Italia Polk { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</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>12/ 24- 29</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
Full name Herbert Polk

14. MOTHER
Full maiden name Josephine Mutton

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.

16. Color or race 4/4
Apache Ind.

11. Age at last birthday 23 (Years)

17. Age at last birthday 20 (Years)

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

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

13. Occupation Cowboy
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>1</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
---	--	--------------------------------------	------------------------	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6.30a.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 U. R. Combs
(Physician or midwife)

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

Month, day, year _____ Filed _____ 19 _____ Registrar

972-1224-145

171

order of birth stated.