

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

State File No. 181a

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 Joseph Hudson { 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
5. No., in order of birth. _____ 7. Date of birth 12-27-1929
Month Day Year

8. FATHER
Full name John Hudson

14. MOTHER
Full maiden name Susie Bell

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 36 (Years)

16. Color or race 4/4
Apache Ind. 17. Age at last birthday 29 (Years)

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

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

13. Occupation Com. Labor
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 6 } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 3
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 10 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. Comber
(Physician or midwife.)

Given name added from a supplemental report _____ Address Rice, Arizona

Month, day, year _____ Filled _____, 19 _____ Registrar _____

185-1227-223

If one child at a birth, a separate order of birth stated.