

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

State File No. 405a
 Registered No. 153

1. PLACE OF BIRTH

County Navajo State Arizona
 District or Township _____ or Village _____
 City Winslow No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Alic Terquin Duncan

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? Yes 7. Date of birth Jan 5-1921
 Month Jan Day 5 Year 1921

8. FATHER
 Full name Samuel Duncan
 9. Residence (Usual place of abode) Winslow
 If non-resident, give place and state.

14. MOTHER
 Full name Alic Fortois
 15. Residence (Usual place of abode) Winslow
 If non-resident, give place and state.

10. Color or race Wack
 11. Age at last birthday 50 (Years)

15. Color or race Wack
 17. Age at last birthday 41 (Years)

12. Birthplace (city or place) Spain
 (State or country)

16. Birthplace (city or place) Oregon
 (State or country)

13. Occupation
 Nature of industry Abolition

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 6
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (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 born alive of 8 00 m. on the date above stated.
(Born alive or stillborn)

Signature [Signature]
* 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.

Given name added from a supplemental report _____ Address Winslow, Arizona
 Month, day, year _____ (Physician or midwife)

Filed 12-15-31 Eva C. B. [Signature]
 Registrar. Registrar.

145-1105-272