DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 194
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona.
Township or Village San Carlos.
City No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cecil'a Thorn (If child is not yet named, make supplemental report, as directed)

3. Sex Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term Yes
7. Legitimate? Yes
8. Date of birth Oct. 27-1930, 19 (Month, day, year)

FATHER

9. Full name James Thorn
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
11. Color or race Apache Indian
12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or country) San Carlos, Arizona

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Frieda Benata
19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
20. Color or race Apache Indian
21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or country) San Carlos, Ariz.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work, 19
26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks
29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~delivered~~ reported the birth of this child, who was born alive (Born alive or stillborn) at 8:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. Faught, M. D.
or, Midwife
Address San Carlos, Arizona.
Filed 11/28, 1930 G. Faught Registrar.

Given name added from a supplemental report 335-1027-621 (Date of)
Registrar.

c11—7117

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—If more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated, and the number of each