DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 726
Registered No. 77

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

2. Full name of child: Theora Joseph (If child is not yet named, make supplemental report, as directed)

3. Sex: F
If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:
6. Premature: Full term:
7. Legitimate? yes
8. Date of birth: October 30/30, 19 (Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Fred Joseph | 18. Full maiden name: Margaret Garcia |
| 10. Residence (usual place of abode) (If nonresident, give place and State): Casa Blanca, Ariz. | 19. Residence (usual place of abode) (If nonresident, give place and State): Casa Blanca, Ariz |
| 11. Color or race: 4/4 Pima Indian 12. Age at last birthday: 27 (years) | 20. Color or race: 4/4 Panaco Indian 21. Age at last birthday: 26 (years) |
| 13. Birthplace (city or place) (State or country): Casa Blanca Arizona | 22. Birthplace (city or place) (State or country): Tucson Arizona |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Own Farm | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: Own Home |
| 16. Date (month and year) last engaged in this work: Oct 31, 1930 | 25. Date (month and year) last engaged in this work: Oct 29, 1930 |
| 17. Total time (years) spent in this work: 10 yrs | 26. Total time (years) spent in this work: 3 yrs |

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 1 (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 attended the birth of this child, who was born alive (Born alive or stillborn) at 6.20 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) M. Farwell, M. D.
or, Midwife
Address Sacaton, Arizona

Given name added from a supplemental report (Date of) 3/8-1030-477

Filed Nov 10, 1930 D. W. Martin
Registrar.

c11—7117 Registrar.