DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 103
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 Gladys Polk {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 Nov. 1, 1930 (Month, day, year)

FATHER

9. Full name Nelson Polk

10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona.

11. Color or race Apache Indian | 12. Age at last birthday 28 (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 Lydia Sisto

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 23 (years)

22. Birthplace (city or place) (State or country) San Carlos, Arizona.

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 2 (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~~ report the birth of this child, who was born alive at 11 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.}

Given name added from a supplemental report 772-1101-323
(Date of)

(Signed) [signature], M. D.
or , Midwife
Address San Carlos, Arizona.
Filed 11/28, 1930 [signature] Registrar.

c11—7117 Registrar.