DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 104

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 Charline Whitehead. (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. 2, 1930 (Month, day, year)

FATHER	MOTHER
9. Full name Manuel Whitehead	18. Full maiden name Agnes Reppert
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.	19. 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 29 (years)	20. Color or race Apache Indian 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) San Carlos, Ariz.	22. Birthplace (city or place) (State or country) San Carlos, Ariz.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer	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	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc
16. Date (month and year) last engaged in this work ..., 19.. 17. Total time (years) spent in this work	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 0 (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~~ reported the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. m. on the date above stated.

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

Given name added from a supplemental report 364-1102-193 (Date of)

(Signed) G. Dougherty, M. D.

or ..., Midwife

Address San Carlos, Arizona.

Filed 11/28, 1930 G. Dougherty Registrar.

Registrar.

c11—7117