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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH—

County Gila State Arizona.
Township On reservation or Village San Carlos
City _____ No. No Hospital St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eva Kindelay {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. 3, 1930 (Month, day, year)

FATHER	MOTHER
9. Full name Clinton Kindelay	18. Full maiden name Bessie Title
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 4/4 Apache Indian	20. Color or race 4/4 Apache Indian
12. Age at last birthday 29 (years)	21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) San Carlos, Arizona.	22. 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	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__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work _____	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 1 (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 (Born alive or stillborn) at 8 p 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 _____ (Date of)

528-1103-2-31

(Signed) G. Ranyth, M. D.
or _____, Midwife
Address San Carlos, Ariz.
Filed 12/30, 1930 G. Ranyth Registrar.

c11—7117 Registrar.