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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 _____ 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 Jane Sisto. (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 Yes Full term _____
7. Legitimate? Yes
8. Date of birth Nov. 11, 19 30 (Month, day, year)

FATHER

9. Full name Demus Sisto
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
11. Color or race Indian 12. Age at last birthday 22 (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 Martha Reed.
19. Residence (usual place of abode) (If nonresident, give place and State) SanCarlos, Ariz.
20. Color or race Indian Apache 21. Age at last birthday 25 (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 1 (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 the birth of this child, who was born alive (Born alive or stillborn) at 11 p. 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. Keagle, M. D.
or _____, Midwife
Address San Carlos, Arizona.

Given name added from a supplemental report _____ (Date of)

122-1111-494

Filed 11/28, 19 30 G. Keagle Registrar.

Registrar.

c11—7117