DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 145
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 Grace Hizzer (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. 16, 1930 (Month, day, year)

FATHER	MOTHER
9. Full name Henry Hizzer	18. Full maiden name Grace Dickson
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona.	19. 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 44 (years)	20. Color or race Apache Indian 21. Age at last birthday 31 (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 3 (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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 7:00a 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)

789-1116-745

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

C11—7117