DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 129
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona.
Township San Ree. or Village San Carlos, Arizona.
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 Arthur Patten (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 7 | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 5, 1930 (Month, day, year)

FATHER	MOTHER
9. Full name Douglas Patten	18. Full maiden name Eda G. Allen
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 12. Age at last birthday 32 (years)	20. Color or race 4/4 Apache Indian 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) San Carlos, Arizona.	22. Birthplace (city or place) (State or country) Globe, Ariz. "Ollnos"
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 6 (b) Born alive but now dead 1 (c) Stillborn

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~~ received the birth of this child, who was 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 (Date of)

175-1205-515

(Signed) [illegible], M. D.
or, Midwife
Address San Carlos, Arizona.
Filed 12/30, 1930 [illegible] Registrar.

c11—7117 Registrar.