DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 131
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona.
Township On Res. 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 Baby Russell (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 Yes Full term
7. Legitimate? Yes
8. Date of birth Dec. 6, 1930 (Month, day, year)

FATHER	MOTHER
9. Full name Gray Russell	18. Full maiden name Clara Vance
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 33 (years)	20. Color or race 4/4 Apache Indian 21. Age at last birthday 28 (years)
13. Birthplace (city or place) San Carlos, (State or country) Arizona.	22. Birthplace (city or place) San Carlos, (State or country) 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 — 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 1 (b) Born alive but now dead 6 (c) Stillborn 1

28. If stillborn, period of gestation months or weeks
29. Cause of stillbirth Prematurity Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ reported the birth of this child, who was Stillborn (Born alive or stillborn) at 10 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. Laughlin, M. D.
or ____, Midwife
Address San Carlos, Arizona.
Filed 12/30, 1930 G. Laughlin Registrar.

Given name added from a supplemental report ____ (Date of)
093-1006-355

c11—7117 Registrar.