DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 147
Registered No.

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

2. Full name of child Virginia Natsyn (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 3 | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 11, 1930 (Month, day, year)

FATHER	MOTHER
9. Full name Gilbert Natsyn (deceased)	18. Full maiden name Alice Gilbert
10. Residence (usual place of abode) (If nonresident, give place and State)	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona.
11. Color or race 1/4 Apache Indian	20. Color or race 1/4 Apache Ind Ian
12. Age at last birthday 27 (years)	21. Age at last birthday 21 (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. Deceased	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 2 (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 the birth of this child, who was born alive (Born alive or stillborn) at 1:15 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) [illegible], M. D.
or ____, Midwife
Address San Carlos, Arizona.
Filed 12/30, 1930 [illegible] Registrar.

Given name added from a supplemental report ____ (Date of)
551-1211-173
Registrar.

c11—7117