

STANDARD CERTIFICATE OF BIRTH

State File No. 150
Registered No. _____

1. PLACE OF BIRTH—

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

2. Full name of child Georgia Marshall
(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 1
6. Premature _____ 7. Legitimate _____ 8. Date of Birth Dec. 12, 1930
(Month, day, year)

9. Full name **FATHER**
Mark Hanna

18. Full maiden name **MOTHER**
Lena Marshall

10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.

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11. Color or race Indian 20. Age at last birthday 30 (years)

21. Color or race Indian 22. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or country) San Carlos, Arizona.

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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____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None
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____

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 at 4:00a on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) G. Langley, M. D.
or _____, Midwife

Given name added from a supplemental report _____

Address San Carlos, Ariz.

743-1212-343 (Date of)

Filed 12/30, 1930 G. Langley Registrar.