DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 185 a
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation 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 Cayley Duncan (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 | 6. Premature Full term X | 7. Legitimate? yes | 8. Date of birth June 20, 1931 (Month, day, year) 19

| FATHER | MOTHER |
|---|---|
| 9. Full name Emerson Duncan | 18. Full maiden name ~~XXXXX~~ Eva Salter |
| 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 | 20. Color or race 4/4 Apache |
| 12. Age at last birthday 23 (years) | 21. Age at last birthday 26 (years) |
| 13. Birthplace (city or place) (State or country) San Carlos, Ariz. | 22. Birthplace (city or place) (State or country) San Carlos, Ariz. |
| 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 2 (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 2 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 345-620-529 (Date of)

(Signed) Dr. Z. Laughlin, M. D.
or Midwife
Address San Carlos, Arizona
Filed 9/31, 1931 [signature] Registrar.

611—7117 Registrar.