DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 1319.

Registered No. ____

1. PLACE OF BIRTH— This birth was not reported previously & did not hunt such person existed. Ill. Certify

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: Andy Wright (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: July 21, 1931 (Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: George Wright | 18. Full maiden name: Sarah ? |
| 10. Residence (usual place of abode) (If nonresident, give place and State): Bylas, Gila, Ariz. | 19. Residence (usual place of abode) (If nonresident, give place and State): Bylas, Ariz. |
| 11. Color or race: 4/4 Apache | 20. Color or race: 4/4 Apache |
| 12. Age at last birthday: 31 (years) | 21. Age at last birthday: 41 (years) |
| 13. Birthplace (city or place) (State or country): Bylas, Arizona | 22. Birthplace (city or place) (State or country): Bylas, Arizona |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer--cow boy | 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: 3 (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: ____

report

## 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 ? m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.*

(Signed) A. F. Kunte, M. D.

or ____, Midwife

Address: Bylas, Arizona

Given name added from a supplemental report 163-721-028 (Date of)

Filed Dec. 31, 1932 J. C. Kanowitz Registrar.

011—7117 Registrar.