DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 1176
Registered No.

1. PLACE OF BIRTH—

County: Gila — State: Arizona
Township: On reservation. Without medical care — 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: Joe Key Smith (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: Aug. 10, 1931 (Month, day, year), 19

FATHER

9. Full name: John Smith
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona
11. Color or race: 4/4 Apache — 12. Age at last birthday: 34 (years)
13. 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.: 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 — 17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Nancy Mead
19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz.
20. Color or race: 4/4 Apache — 21. Age at last birthday: 33 (years)
22. Birthplace (city or place) (State or country): San Carlos, Ariz.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
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 — 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:

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 ? m. on the date above stated.

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

(Signed) J.C. Hancock, M. D.
or , Midwife
Address: San Carlos, Arizona

Given name added from a supplemental report: 128-810-5414 (Date of)

Filed Jan. 31, 1932 J.C. Hancock MD
Registrar.

c11—7117 Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.