DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 146
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: Mark Hanna Chatlan, Jr.
(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 or Full term: Yes
7. Legitimate? Yes
8. Date of birth: August 22, 1931, 19
(Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Chatlan, Mark Hanna | 18. Full maiden name: Mahsill, Helen |
| 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 Ind. — 12. Age at last birthday: 36 (years) | 20. Color or race: 4/4 Apache Ind. — 21. Age at last birthday: 22 (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 — 17. Total time (years) spent in this work: | 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 the birth of this child, who was born alive (Born alive or stillborn) at 2:45 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) Dr. Z. Laughlin, M. D.
or ..., Midwife
Address: San Carlos, Arizona.
Filed 8/31, 1931
Registrar.

Given name added from a supplemental report 4/35: 8-22-8 4/3 (Date of)
Registrar.

c11—7117

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

THIS IS A PERMANENT RE