DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 149
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 Nosie, David
(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 8-26-31, (Month, day, year) 19

FATHER	MOTHER
9. Full name: Nosie, William	18. Full maiden name: April Logan
10. Residence (usual place of abode) (If nonresident, give place and State): SAN CARLOS, ARIZ. 4/4 Apache Ind.	19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz. 4/4 Apache Ind.
11. Color or race: ; 12. Age at last birthday: 34 (years)	20. Color or race: ; 21. Age at last birthday: 39 (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.: Gov't. Stockman.	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 5 (b) Born alive but now dead 5 (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 7 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 Z. Laughlin Registrar.

Given name added from a supplemental report 455-825-135 (Date of) , Registrar.

444444 report

c11—7117

WRITE PLAINLY WITH FADING 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.