DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 157a
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 Hoffman, Willard (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 August 28, 1931 (Month, day, year) 19

FATHER	MOTHER
9. Full name Hoffman, John	18. Full maiden name Hanley, Marion
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona	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 Ind.
12. Age at last birthday 34 (years)	21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or country) San Carlos, Arizona	22. 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	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 4 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 685-828-488 (Date of)

(Signed) Dr. Z. Laughlin, M. D.
or Midwife
Address San Carlos, Arizona
Filed 10/1, 1931 [signature] Registrar

c11—7117

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