DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 180
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: Dillon, Orien
(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: Sept. 10, 1931, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: ~~XXX~~ Walter Dillon	18. Full maiden name: Alice Edwards
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, Arizona
11. Color or race: 4/4 Apache Indian 12. Age at last birthday: 23 (years)	20. Color or race: 4/4 Apache Indian 21. Age at last birthday: 18 (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 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: 1 (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 6:30 a.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: 10/1/31, 19 Z. Laughlin Registrar

Given name added from a supplemental report: 6-25-10-152 (Date of) Registrar.

C11—7117

WARNING—THIS IS A PERMANENT RECORD—DO NOT WRITE INK
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in the birth order of each child must be stated.