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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No.

Registered No.

County Gila State Arizona

Township OnnReservation or Village San Carlos

City No. No Hospital St. W

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wilson Kenton (If child is not yet named, m supplemental report, as direc

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 Jan. 2, 1932 (Month, day, year), 19

FATHER	MOTHER
9. Full name Alonzo Kenton	18. Full maiden name Edith Lee
10. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.
11. Color or race 4/4	20. Color or race 4/4
12. Age at last birthday 24 (Years)	21. Age at last birthday 19 (Yea
13. Birthplace (city or place) ~~Apache Indian~~ San Carlos, Arizona (State or country)	22. Birthplace (city or place) ~~Apache Indian~~ San Carlos, Arizona (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day 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

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 p.m. m. on the date above s

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

(Signed) Z. Laughlin

or , Mi

Address San Carlos, Arizona

Given name added from a supplemental report (Date of)

Filed 1/3 1932 [signature] Regist

625-102-535 Registrar.