ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 130

Registered No.

County Gila State Arizona

Township On reservation or Village San Carlos,

City No. San Carlos Indian Hospital St. Wa

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

2. Full name of child Nelson Kanesewah (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? | 8. Date of birth March 17, 1932, 19 (Month, day, year)

FATHER	MOTHER
9. Full name Nelson Kaydahzinne	18. Full maiden name Carolyn Kanesewah
10. Residence (usual place of abode) (If non-resident, give place and State) Mescalero, New M.	19. Residence (usual place of abode) (If non-resident, give place and State) Mescalero, New M
11. Color or race 4/4 Apache; 12. Age at last birthday ? (Years)	20. Color or race 4/4 Apache; 21. Age at last birthday 23 (Ye
13. Birthplace (city or place) Mescalero, New M. (State or country)	22. Birthplace (city or place) Mescalero, New M. (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. None.
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 1 (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 12 noon m. on the date above sta

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

(Signed) Dr. Z. Laughlin, M.

or , Mid

Address San Carlos, Arizona

Given name added from a supplemental report (Date of)

J. C. Hancock M.D. Registrar.

Filed 3/28, 1932 [signature] Registra

528-317-328

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.