DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. [illegible]
Registered No. .....

1. PLACE OF BIRTH—
County Gila ..... State Arizona
Township On rwservation ..... 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 Donald Edwards ..... (If child is not yet named, make supplemental report, as directed)

3. Sex	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 May 2, 1932 (Month, day, year)
Male					

FATHER	MOTHER
9. Full name: Norton Edwards	18. Full maiden name: Nona Donald
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State): SanCarlos, Ariz.
11. Color or race: 4/4 — 12. Age at last birthday: 20 (years)	20. Color or race: 4/4 — 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or country): Apache	22. Birthplace (city or place) (State or country): Apache
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.... — 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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 1 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) J. C. Hancock, M. D.
or ....., Midwife
Address San Carlos, Arizona
Filed June 2, 1932 J. C. Hancock MD Registrar.

Given name added from a supplemental report ..... (Date of)
452 - 552 - 5344
Registrar.

011—7117

... a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.