DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 127
Registered No. .....

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation or Village San Carlos
City ..... No. San Carlos Indian Hospital St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isadora Victor (If child is not yet named, make supplemental report, as directed)

3. Sex Female | 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 5-14-32 (Month, day, year), 19...

FATHER	MOTHER
9. Full name Emerson Victor	18. Full maiden name Winnie Dosela
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) SanCarlos, Arizona
11. Color or race 4/4 Apache 12. Age at last birthday 21 (years)	20. Color or race 4/4 Apache 21. Age at last birthday 17 (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. 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 the birth of this child, who was bornalve (Born alive or stillborn) at 3:30 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)
9-8-514-6411 Registrar.

011—7117

... a birth, a SEPARATE RETURN must be made ... of each, in order of birth, stated.