

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 149  
Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH—

County Gila State Arizona  
Township On reservation without medical care of 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))  
(If child is not yet named, make supplemental report, as directed)

## 2. Full name of child Jano Mahsill

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 May 27, 1932 19\_\_\_\_  
(Month, day, year)

9. Full name **FATHER**  
Gerhart Mahsill

18. Full maiden name **MOTHER**  
Emma Smith

10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.

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11. Color or race A/A Apache Age at last birthday 32 (years)

20. Color or race A/A Apache Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) San Carlos, Arizona

22. Birthplace (city or place) (State or country) San Carlos, Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer.

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 oven 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... (b) Born alive but now dead... (c) Stillborn...

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 at midnight on the date above stated.  
(Born alive or stillborn)

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

(Signed) J. G. Hancock M. D.

Given name added from 943-527-528 a supplemental report (Date of)

or \_\_\_\_\_ Midwife

Address San Carlos, Arizona

Filed June 2, 1932 J. G. Hancock M.D. Registrar