MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 90
Registered No.

1. PLACE OF BIRTH—
County ~~[illegible]~~ Gila State Arizona
Township On reservation without medical care or Village San Carlos, Arizona
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 Opal Reede (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 | 7. Legitimate? Yes. | 8. Date of birth June 12, 1932, 19 (Month, day, year)

FATHER

9. Full name Minton ~~[illegible]~~ Reede

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

11. Color or race 1/4 Apache | 12. Age at last birthday 22 (years)

13. 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.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ella Dosela

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

20. Color or race 4/4 Apache | 21. Age at last birthday 20 (years)

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

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
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 birth 11/7/32 the birth of this child, who was born alive (Born alive or stillborn) at ? 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 July 1, 1932 J. C. Hancock M.D. Registrar.

Given name added from a supplemental report (Date of)
695-612-541 Registrar.

611—7117