DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 913
Registered No.

1. PLACE OF BIRTH— County Gila State Arizona
Township On reservationwithout medical care 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 Laura Lee Molay (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? | 8. Date of birth Aug. 2, 1938 (Month, day, year), 19

FATHER	MOTHER
9. Full name Lawrence Smith	18. Full maiden name Margaret Lee Molay
10. Residence (usual place of abode) (If nonresident, give place and State) Laborer.	19. Residence (usual place of abode) (If nonresident, give place and State) Housewife.
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 23 (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	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	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 2 (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

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was bornalive (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. Hancook, M. D.
or, Midwife
Address San Carlos, Arizona
Filed Jan. 31, 1939 J.C. Hancock M.D. Registrar.

Given name added from supplemental report 348-802-448 (Date of)
Registrar.

c11—7117