DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 1002
Registered No.

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

3. Sex Male | 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 Aug. 10, 1932 (Month, day, year), 19

FATHER	MOTHER
9. Full name George Belvedo	18. Full maiden name Minnie Minton
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) San Carlos, Ariz
11. Color or race 4/4 Apache; 12. Age at last birthday 37 (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, Ariz.	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. 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 4 (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 5 a. m. on the date above stated.

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

Given name added from a supplemental report 626-810-485 (Date of)

(Signed) J. C. Hancock, M. D.
or ..., Midwife
Address San Carlos, Arizona
Filed Dec. 31, 1932 J. C. Hancock, Registrar.

c11—7117 Registrar.

V. S. No.

MARGIN ... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.