

MARGIN RESERVED FOR BINDING  
 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 112  
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 Adwin Margo 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 8-25-32, 19\_\_\_\_  
(Month, day, year)

9. Full name FATHER  
Harry Margo

18. Full maiden name MOTHER  
Jessie Watermann

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

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

11. Color or race 1/2 Apache Age at last birthday 28 (years)  
Mohave

20. Color or race 1/2 Apache Age at last birthday 19 (years)

13. Birthplace (city or place) Ft. McDowell, Ariz.  
(State or country)

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

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 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\_\_\_\_

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 1 (c) Stillborn 1

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 9:30 A.M. 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. C. Hancock, M. D.

Given name added from 546-825-1165 a supplemental report (Date of)

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

Address San Carlos, Ariz.

Filed Aug 29, 1932 J. C. Hancock Registrar