DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 116
Registered No. .....

1. ...OF BIRTH—
...nty Gila State Arizona
2. ...nship On reservation without medical care or Village San Carlos
3. ... No. No hospital St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Male
2. ...me of child Herbert Hopkins (If child is not yet named, make supplemental report, as directed)
9. ...
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 August 30, 1932, 19.... (Month, day, year)
10. Residence (usual place of abode) 4/4 Apache
11. Color or race ...nry Hopkins
12. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona
11. Color or race 4/4 Apache 12. Age at last birthday 49 (years)
13. Birthplace (city or place) San Carlos, Arizona (State or country)
OCCUPATION
16. ... profession, or particular kind of work done, as spinner, ...r, bookkeeper, etc. Day laborer.
... or business in which ... done, as silk mill, ...l, bank, etc.
27. Nu... (month and year) last ... in this work
17. Total time (years) spent in this work
28. If ... per...
2... (children of this mother ... this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....
28. If still... period ... station ..... months or weeks
29. Cause of stillbirth ..... Before labor ..... During labor .....

FATHER

MOTHER

18. Full maiden name Irene Valasquez
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 25 (years)
22. Birthplace (city or place) San Carlos, Arizona (State or country)
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 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 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 882 830 959 (Date of)

(Signed) J. C. Hancock, M. D.
or ....., Midwife
Address San Carlos, Arizona
Filed ....., 19.... Registrar.

Registrar.