DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 83
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation with 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 Aster Stewart (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 Sept. 2, 1932, 19 (Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Not known. | 18. Full maiden name Fannie Stewart |
| 10. Residence (usual place of abode) (If nonresident, give place and State) | 19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz. |
| 11. Color or race | 20. Color or race 1/4 Apache; 21. Age at last birthday 42 (years) |
| 12. Age at last birthday (years) | |
| 13. Birthplace (city or place) (State or country) | 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. | 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 5 (b) Born alive but now dead 2 (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 the birth of this child, who was born alive (Born alive or stillborn) at 8 p.m. 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 Sept. 3, 1932 J. C. Hancock Registrar.

Given name added from a supplemental report (Date of)

123-902-623 Registrar.

c11—7117

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and t... of each, in order of birth, stated.