

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF FIRE, 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. 84
Registered No. _____

1. PLACE OF BIRTH—
 County Gila State Arizona
 Township On reservation without medical care or Village San Carlos
 City _____ No. No hospital. St. _____ Ward _____
(If birth occurred in a hospital or institution, give the NAME instead of street and number)
 2. Full name of child Charles Lang. (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 Sept. 3, 1932
(Month, day, year)

9. Full name Wm. Lang FATHER
 10. Residence (usual place of abode) San Carlos, Ariz.
(If nonresident, give place and State)
 11. Color or race 4/4 Apache 12. Age at last birthday 19 (years)
 13. 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.
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
 OCCUPATION

18. Full maiden name Minnie Dilyou MOTHER
 19. Residence (usual place of abode) San Carlos, Ariz.
(If nonresident, give place and State)
 20. Color or race 4/4 Apache 21. Age at last birthday 21 (years)
 22. Birthplace (city or place) San Carlos, Ariz.
(State or country)
 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 _____ 26. Total time (years) spent in this work _____
 OCCUPATION

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 0 (c) Stillborn 0
 28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ Before labor / During labor

REPORT OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:30 p.m. on 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. M. D.
 or _____ Midwife

Given name added from a supplemental report _____
337-903-444 (date of)
 Registrar

Address San Carlos, Ariz.
 Filed Sept. 10, 1932 J. C. Hancock Registrar