DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 95

Registered No.

1. PLACE OF BIRTH—

County ~~Gila~~ 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 its NAME instead of street and number)

2. Full name of child Lawrence Hook (If child is not yet named, make supplemental report, as directed)

3. Sex M. | 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. 14, 1932 (Month, day, year) 19

FATHER

9. Full name Theodore Hook

10. 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 26 (years)

13. 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. 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 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Lopez Atley

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 23 (years)

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

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

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

report

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 6 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) T. C. Hancock, M. D.

or Midwife

Address San Carlos, Arizona

Given name added from a supplemental report (Date of)

Filed Sept. 30, 1932 J. C. Hancock Registrar.

382-914-318

Registrar.

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