DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 107
Registered No.

1. PLACE OF BIRTH—
County: Gila State: Arizona
Township: On reservation 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 Polk (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: 9-21-32 (Month, day, year), 19

FATHER	MOTHER
9. Full name: Theodore Polk	18. Full maiden name: Zella Sadda
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona	19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz.
11. Color or race: 4/4 Apache 12. Age at last birthday: 21 (years)	20. Color or race: 4/4 Apache 21. Age at last birthday: 16 (years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona	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.: Day laborer.	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: 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:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~I attended~~ report the birth of this child, who was born alive (Born alive or stillborn) at 5 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. 30, 1932 J. C. Hancock M.D. Registrar.

Given name added from a supplemental report (Date of)
372-921-921
Registrar.

011—7117

WR PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R RD

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.