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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

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

PLACE OF BIRTH--
County Gila State Arizona
Township On reservation. or Village San Carlos,
City ..... No. San Carlos Indian Hospital St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Michael Grant (If child is not yet named, make supplemental report, as directed)

Sex	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 Oct. 12, 1932 (Month, day, year)
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FATHER	MOTHER
9. Full name Salvadore Grant.	18. Full maiden name Dorothy Clark
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 31 (years)	20. Color or race 4/4 Apache 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country) San Carlos, Arizona	22. Birthplace (city or place) (State or country) San Carlos, Arizona
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief of Indian Police.	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.. 17. Total time (years) spent in this work	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 4 (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 the birth of this child, who was born alive (Born alive or stillborn) at 7 am. 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 473-1012-132 (Date of)

(Signed) J. O. Hancock, M.D., M.D.
or ....., Midwife
Address San Carlos, Arizona
Filed Oct. 31, 1932 J. C. Hancock M.D. Registrar.

e11—7117 Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the n

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V. S. No. 110