DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 95
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation. or Village San Carlos
City No. No hospital. St. W
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child ~~[illegible]~~ Hanson Salter. (If child is not yet named, m supplemental report, as direc

3. 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. 24, 1932, 19 (Month, day, year)
Male					

FATHER	MOTHER
9. Full name Bert Salter	18. Full maiden name Mary ?
10. Residence (usual place of abode) (If nonresident, give place and State) Day Laborer.	19. Residence (usual place of abode) (If nonresident, give place and State) Housewife.
11. Color or race 4/4 Apache; 12. Age at last birthday 23 (years)	20. Color or race 4/4 Apache; 21. Age at last birthday 32 (ye
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 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 repoer attended the birth of this child, who was born alive (Born alive or stillborn) at 5 pm. m. on the date above state

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report 829-024-400 (Date of)

(Signed) J.C. Hancock, M.
or , Midw
Address San Carlos, Arizona
Filed Jan 31, 1933 J.C. Hancock M.D. Registrar

Registrar.