DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 944
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 its NAME instead of street and number)

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

3. Sex Female | 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 October 25, 1932, 19 (Month, day, year)

FATHER

9. Full name Joseph Allen
10. Residence (usual place of abode) (If nonresident, give place and State) SanCarlos, Arizona
11. Color or race 4/4 Apache
12. Age at last birthday 48 (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. 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 Madeline Logan
19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona
20. Color or race 4/4 Apache
21. Age at last birthday 25 (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 1 (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

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 2pm. 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 SanCarlos, Arizona
Filed May 2, 1933 J. C. Hancock M.D. Registrar

Given name added from a supplemental report (Date of)
915-1025-435
Registrar.

011—7137

of each, in order of birth, stated.