DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 79
Registered No.

1. 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)

2. Full name of child: Wilnot Henry
(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: November 8, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name: Robert Henry	18. Full maiden name: Cecelia Nelson
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz.	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: 34 (years)	20. Color or race: 4/4 Apache; 21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona	22. Birthplace (city or place) (State or country): San Carlos, Ariz.
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 ; 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: 2 (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 2:30 a.m. on the date above stated.

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

(Signed) J. C. Hancock, M. D.
or , Midwife
Address San Carlos, Arizona
Filed Nov. 30, 1932 J. C. Hancock M.D. Registrar.

Given name added from a supplemental report 688-1108-355 (Date of)
Registrar.

c11—7817

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.