ARTMENT OF COMMERCE
AUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 97
Registered No. 91

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)

Full name of child Wayne Astor (If child is not yet named, make supplemental report, as directed)

Sex	If plural births				
M	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term X	7. Legitimate? Yes	8. Date of birth 11-19-32 (Month, day, year), 19__	

FATHER	MOTHER
9. Full name: William Astor	18. Full maiden name: Mabel Cupa
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, Arizona
11. Color or race: Apache; 12. Age at last birthday: 32 (years)	20. Color or race: 1/4 Apache; 21. Age at last birthday: 32 (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.: 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 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. 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 6:30 a.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 Nov 30, 1932 J. C. Hancock M.D. Registrar.

Given name added from supplemental report 619-1119-431 (Date of)

Registrar.

511—7117