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 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 Felix Sadda (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 12-10-1932 (Month, day, year), 19

FATHER	MOTHER
9. Full name Sadda, Allan Ruston	18. Full maiden name Mull, Lily
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 24 (years)	20. Color or race 4/4 Apache; 21. Age at last birthday 18 (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. 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 1 (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)

report

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 1 2 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. G. Hancock, M. D.
or , Midwife
Address San Carlos, Arizona

Given name added from a supplemental report
(Date of)
621-610-438
Registrar.

Filed Dec. 31, 1932 J. G. Hancock M.D.
Registrar.

c11—7317

MARGIN RESERVED FOR BINDING
ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each, in order of birth, stated.