DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 95a
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. War
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eleanora Norman (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 December 10, 1932 (Month, day, year), 19

FATHER
9. Full name Ben Norman
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona
11. Color or race 4/4 Apache
12. Age at last birthday 51 (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. Day 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 Minnie ?
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 36 (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 7 (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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 4:30 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 March 31, 1933 J. C. Hancock M.D. Registrar

Given name added from a supplemental report (Date of)
555-1210-400 Registrar.

c11—7117

MARGIN RESERVED FOR BINDING
WRITE PLAINLY 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 the number of each, in order of birth, stated.

8—3341
V. S. No. 110