

IN THE MOUNTAIN RECORDS DIVISION  
 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, in order of birth, stated.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 4613  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH—  
 County Gila State Arizona  
 Township On reservation or Village San Carlos  
 City 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 Alberta Hill Martin (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 \_\_\_\_\_  
 8. Date of birth Dec. 11, 1932 1932  
(Month, day, year)

9. Full name **FATHER** Valentine Hill 18. Full maiden name **MOTHER** Bessie Martin

10. Residence (usual place of abode) San Carlos, Arizona 19. Residence (usual place of abode) San Carlos, Arizona  
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color of race White 12. Age at last birthday 25 (years) 20. Color of race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place) San Carlos, Arizona 22. Birthplace (city or place) San Carlos, Arizona  
(State or country) (State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Day laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
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 _____ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged 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 4 (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 the birth of this child, who was born alive at 4:10 a. m. on the date above stated.  
(Born alive or stillborn)

(Signed) J. C. Anderson, M. D.  
 or \_\_\_\_\_, Midwife

Address San Carlos, Arizona  
 Filed Jan 31, 1933 J. C. Anderson  
Registrar

Given name added from a supplemental report \_\_\_\_\_  
 (Date of) 1935-12-11-245  
 11-1717