DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 104 A
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 Christine Astor (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 Dec. 10, 1932 (Month, day, year), 19

FATHER

9. Full name Donnison Astor
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
11. Color or race 1/2 Apache 12. Age at last birthday 31 (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 Doris Johnson
19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
20. Color or race 1/2 Apache 21. Age at last birthday 37 (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 2 (b) Born alive but now dead 3 (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 ? 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
Given name added from a supplemental report (Date)
319-1210-4/3
Registrar.
Filed Dec. 31, 1932 G. C. Nonsenbuck Registrar.

011—7117

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of twin or triplets then one child at a birth, a SEPARATE RETURN must be made for each, and number of each, in order of birth, stated.

8—5841
V. S. No. 110