

MARGIN RESERVED FOR BINDING  
 WRITE MAINLY 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**STANDARD CERTIFICATE OF BIRTH**

State File No. 1040

1. PLACE OF BIRTH—  
 County Gila State Arizona  
 Township On reservation without medical care Village San Carlos  
 City \_\_\_\_\_ No. No hospital St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME (instead of street and number). If child is not yet named, make supplemental report, as directed.)

2. Full name of child Inez Lockwood

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. 16, 1922  
(Month, day, year)

9. Full name of FATHER Willis Lockwood

18. Full maiden name of MOTHER May Lane

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 of race 1/4 Apache 12. Age at last birthday 38 (years)

20. Color of race 1/4 Apache 21. Age at last birthday 38 (years)

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

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer

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 \_\_\_\_\_ 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... 0 (c) Stillborn... 0

28. If stillborn, period of gestation... (months or weeks) \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_  
 Byprelabor \_\_\_\_\_ During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at ? m, on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this report.

(Signed) J. C. Hancock M. D.

Given name added from a supplemental report \_\_\_\_\_

or \_\_\_\_\_ Midwife

934-1216-435 (Date of registration)

Address San Carlos, Arizona

Filed March 31, 1933 J. C. Hancock Registrar