DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 109
Registered No. 109 a

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

2. Full name of child Parson Effie

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	MOTHER
9. Full name: Edward Parson	18. Full maiden name: Keshaw ?
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, Ariz
11. Color or race: 4/4 Apache	20. Color or race: 4/4 Apache
12. Age at last birthday: 64 (years)	21. Age at last birthday: 50 (yea
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	25. Date (month and year) last engaged in this work: 19
17. Total time (years) spent 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 5 (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 ____

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 9 m. on the date above sta

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

(Signed) J. C. Hancock, M. D.
or ____ Midwif
Address San Carlos, Arizona

Given name added from a supplemental report ____ (Date of)
755-1219-280
Registrar.

Filed March 31, 1933 J. C. Hancock M.D. Registrar

cll—7117

8—3341
P. S. No. 110

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.