DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. X115A
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. — Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Marie Antonio Pike (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. 24, 1933, 19— (Month, day, year)

	FATHER	MOTHER
9. Full name	Amos Pike	18. Full maiden name: Christine Antonio
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, Arizon
11. Color or race	4/4 Apache Indian	20. Color or race: 4/4 Apache
12. Age at last birthday (years)	23	21. Age at last birthday (years): 24
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: 1 (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 11 pm. 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. Hancook, M. D.
or ..., Midwife
Address: San Carlos, Arizona

Given name added from a supplemental report (Date of) 4-16-1224-316

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

Registrar.

c11—7117

N. B.—THIS IS A PERMANENT RECORD. PLEASE WRITE PLAINLY IN INDELIBLE INK. Use one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated, and the number