DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 72aa
Registered No.

1. PLACE OF BIRTH—

County Gila State Arizona

Township On reservation, or Village San Carlos

City No. 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 Eldred Shorten (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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 1-7-33 (Month, day, year), 19

FATHER	MOTHER
9. Full name: Paul Shorten	18. Full maiden name: Edith D. Peppert
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz.
11. Color or race: 1/4 Apache	20. Color or race:
12. Age at last birthday: 29 (years)	21. Age at last birthday: 28 (years)
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.: Cow boy	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 4 (b) Born alive but now dead 0 (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 3:45 a.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 return.

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

Given name added from a supplemental report (Date of)

[illegible] Registrar.

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

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WRITE PLAINLY WITH UNFAILING [illegible] N.B.—[illegible] of more than one child at a birth, a SEPARATE RETURN must be made for [illegible] and the [illegible] of each, in order of birth, stated.