DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 7116
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: Chloe Miller
(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: Jan. 10, 1933 (Month, day, year) 19

FATHER	MOTHER
9. Full name: Harry Miller	18. Full maiden name: Cora
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 or race: 1/4 Apache 12. Age at last birthday: 44 (years)	20. Color or race: 4/4 Apache 21. Age at last birthday: 31 (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.: 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 17. Total time (years) spent in this work:	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: 4 (b) Born alive but now dead: 5 (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 7 p.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. Babcock, M. D.
or, Midwife
Address: San Carlos, Arizona
Filed Jan. 31, 1933 J. C. Hopkins, Registrar.

Given name added from a supplemental report
(Date of)
3119 - 116 - 300
Registrar.

611—7117

WARNING: STOP! UNFADING INK—THIS IS A PERMANENT RECORD
Use of more than one child on a birth, a SEPARATE RETURN must be made for each and the number of death, in order of birth, stated.