DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 761
Registered No.

1. PLACE OF BIRTH—

County: Gila
State: Arizona
Township: Cr 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: Fern Jackson
(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: 1-10-33 (Month, day, year), 19

FATHER

9. Full name: Riley Jackson
10. Residence (usual place of abode) (If nonresident, give place and State): Dyles, Ari ona
11. Color or race:
12. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or country): Dyles, Ariz.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Day laborer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc:
16. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Belle Jones
19. Residence (usual place of abode) (If nonresident, give place and State): Dyles, Arizona
20. Color or race:
21. Age at last birthday: ? (years)
22. Birthplace (city or place) (State or country): Dyles, Arizona

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc:
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: 1 (b) Born alive but now dead: 2 (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 (Born alive or stillborn) at 11:50 a.m. on the date above stated.

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

Given name added from a supplemental report (Date of)

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

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

615-110-2132

Registrar

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