

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH (State File No. 91111)

Registered No. _____

1. PLACE OF BIRTH—

County Gila State Arizona
Township Ch reservation. or Village San Carlos
City _____ No. No hospital. St. _____ Ward _____

2. Full name of child David Lang
(If child is not yet named, make supplemental report, as directed)

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Full term 7. Legiti- Yes, _____ No? _____
8. Date of Birth Jan. 15, 1933
(Month, day, year)

9. Full name Deray Lang **FATHER** 10. Full maiden name Linnie Cassadore, **MOTHER**

10. Residence (usual place of abode) San Carlos, Arizona 11. Residence (usual place of abode) San Carlos, Ariz.
(If nonresident, give place and State)

11. Color or race Apache 12. Age at last birthday 53 (years) 13. Color or race Apache 14. Age at last birthday 25 (years)

15. Birthplace (city or place) San Carlos, Arizona 16. Birthplace (city or place) San Carlos, Arizona
(State or country)

OCCUPATION	17. Trade, profession, or particular kind of work done, as engineer, Sawyer, bookkeeper, etc. <u>Day laborer.</u>	OCCUPATION	19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife.</u>
	18. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	21. Date (month and year) last engaged in this work _____, 19__		22. Date (month and year) last engaged in this work _____, 19__

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ (months or weeks) 25. Cause of stillbirth _____ (Barely labor or During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 PM. 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) J. O. Hancock M. D.

Give name added from a supplemental report _____

Address San Carlos, Ariz. Ia

437-116-1133 (Date of registration)

Filed Jan. 21, 1933 J. O. Hancock Registrar

If more than one child of a birth, a SEPARATE RETURN must be made for each, in order of birth, attached.