

STANDARD CERTIFICATE OF BIRTH

State File No. 852

1. PLACE OF BIRTH—

County Yuma Gila State Arizona
 Township On reservation, without medical care. or Village San Carlos
 City _____ No. 10 Hospital St. _____ Ward _____

2. Full name of child Lois Lewis

(If birth occurred in a hospital or institution, give the NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural, list the 4. Twin, triplet, or other _____ 5. Premature _____ 6. Full term X 7. Legitimate? Yes 8. Date of birth Jan. 18, 1953
(Month, day, year)

9. Full name **FATHER**
Albert Lewis

10. Full name **MOTHER**
Sophia Teprcek

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

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Of nonresident, give place and State

13. Color or race A/A Apache 14. Age at last birthday 59 (Years)

15. Color or race A/A Apache 16. Age at last birthday 23 (Years)

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

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(State or country)

OCCUPATION

19. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Day laborer.
 20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 21. Date (month and year) last engaged in this work _____, 19_____
 22. Total time (years) spent in this work _____

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 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. Stillborn: period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ (Before labor / During labor)

Report **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 10 P. 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) J. O. S. Cook, M. D.

or _____, Midwife

Address San Carlos, Arizona

Filed Jan 21, 19 53 J. O. S. Cook Registrar

232-118-132

10. If child is not yet named, make supplemental report, as directed.