DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 68
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation or Village San Carlos
City No. San Carlos Indian Hospital Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clara Preston
(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 Feb. 5, 1933, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: George Preston	18. Full maiden name: Agnes Bailey
10. Residence (usual place of abode) (If nonresident, give place and State): ~~Bylas~~ Bylas, Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State): Bylas, Arizona.
11. Color or race: 4/4 Apache Indian 12. Age at last birthday: 30 (years)	20. Color or race: 4/4 Apache Indian 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or country): Bylas, Arizona	22. Birthplace (city or place) (State or country): Bylas, Arizona
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day 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	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 2 (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 (Born alive or stillborn) at 8:45p 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. Hancock, M. D.
or , Midwife
Address San Carlos, Arizona
Filed Feb 28, 1933 J.C. Hancock MD Registrar.

Given name added from a supplemental report (Date of)

375-203-128 Registrar.

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N. B.—Use of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

WITH UNFADING INK—THIS IS A PERMANENT RECORD