DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 98
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation. or Village San Carlos
City San Carlos Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harriet Sue Bendle (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. 25, 1933, 19__ (Month, day, year)

FATHER

9. Full name Earl Bendle
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona
11. Color or race 4/4 Apache
12. Age at last birthday 28 (years)
13. 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. 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 Rhea Hooke
19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
20. Color or race 4/4 Apache
21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or country) San Carlos, 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 3 (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 4:45 a.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 Registrar.

Given name added from a supplemental report ____ (Date of)
825-225-985
Registrar.

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