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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. .....
Registered No. .....

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

2. Full name of child Kemp, Dorel Dean (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 March 4, 1933 (Month, day, year), 19—

FATHER	MOTHER
9. Full name Casper Cohen Kemp	18. Full maiden name Fern Hamblin
10. Residence (usual place of abode) (If nonresident, give place and State) Not known at present	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona
11. Color or race 4/4 White	20. Color or race 4/4 White
12. Age at last birthday 30 (years)	21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or country) ? Arizona	22. Birthplace (city or place) (State or country) Mutrioso, 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. None.
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 12 noon 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 421-304-485 (Date of)

(Signed) J.C. Hancock, M. D.
or ..... Midwife
Address San Carlos, Arizona
Filed March 3, 1933 J.C. Hancock Registrar.

Registrar.

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N. B.—In case 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.