DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 8/a
Registered No.

1. PLACE OF BIRTH—

County: Gila — State: Arizona

Township: On reservation — or Village: San Carlos

City: — No.: No hospital — St. — Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Benny Thompson (If child is not yet named, make supplemental report, as directed)

3. Sex: Male — 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 10, 1933, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: Albert Thompson	18. Full maiden name: Fanny Clark
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona	19. 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: 24 (years)	20. Color or race: 4/4 Apache — 21. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona	22. 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.	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 — 17. Total time (years) spent in this work:	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: 1 (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

report 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 ? 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. Heocnek, M. D.
or ..., Midwife
Address: San Carlos, Arizona

Given name added from a supplemental report 235-310-632 (Date of)

Filed April 2, 1933 J. C. Hyerkins
Registrar.

c11—7117 Registrar.

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