DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 72a
Registered No.

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

2. Full name of child: Cesarita Upshaw
(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: April 13, 1933, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: Talbot Upshaw	18. Full maiden name: Irene Harvey
10. Residence (usual place of abode) (If non-resident, give place and State): Bylas, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State): Bylas, Arizona
11. Color or race: 4/4 Apache 12. Age at last birthday: 25 (years)	20. Color or race: 4/4 Apache 21. Age at last birthday: 16 (years)
13. Birthplace (city or place) (State or country): San Carlos Agency, Bylas, Arizona	22. Birthplace (city or place) (State or country): Bylas, Arizona San Carlos Agency, 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: 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

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 (Date of)

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

3416 - 4173 - 9146

c11—7117 Registrar.