WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 79-a
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservstion 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 Myra Bread (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? | 8. Date of birth 11 April 22, 1933, (Month, day, year)

FATHER
9. Full name Sargent Chapmen (Jim Allen)
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 44 (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. 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 Grace Bread
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 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 9 m. 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) J. C. Hancock, M.D. M. D.
or ..... Midwife
Address San Carlos, Arizona
Filed June 30, 1933 J. C. Hancock Registrar.

424-422-734

c11—7117 Registrar.