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.: 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: Sylvia Jones
(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: May 5, 1933, 19__ (Month, day, year)

FATHER

9. Full name: Butta Jones
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona
11. Color or race: 4/4 Apche
12. Age at last birthday: 35 (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: Jessie Engle
19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona
20. Color or race: 4/4 Apache
21. Age at last birthday: 28 (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: 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 11 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

Given name added from a supplemental report 212-503-155 (Date of)

Filed May 3, 1933 J. C. Hancock
Registrar.

C11—7117 Registrar.

RECORD — A PERMANENT RECORD — SEPARATE RETURN must be made for each birth, and the number of each, in order of birth, stated.