DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 127
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 Alfred Holt Stone (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 May 11, 1933 (Month, day, year), 19

FATHER

9. Full name William Stone
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 51 (years)
13. Birthplace (city or place) (State or country) San Carlos Agency, Arizona

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day 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 Helen Bread
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 23 (years)
22. Birthplace (city or place) (State or country) San Carlos Agency, Ariz.

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 9 a.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 125-511-824 (Date of)

(Signed) J. C. Hancock, M. D.
or , Midwife
Address San Carlos, Arizona
Filed May 20, 1933 J. C. Hancock Registrar.

Registrar.

c11—7117

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.