

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B. In case of multiple births, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

131

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
 Registered No. _____

1. PLACE OF BIRTH—
 County Yila State Arizona
 Township On reservation or Village San Carlos
 City _____ No. San Carlos Indian Hospital Ward _____
(If birth occurred in a hospital or institution, give the NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

2. Full name of child Horace Little

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 15, 1933
(Month, day, year)

9. Full name of FATHER <u>Gilbert Little</u>		18. Full name of MOTHER <u>Lucy Edwards</u>	
10. Residence (usual place of abode) <u>San Carlos, Arizona</u> <small>(If nonresident, give place and State)</small>		19. Residence (usual place of abode) <u>San Carlos, Arizona</u> <small>(If nonresident, give place and State)</small>	
11. Color of hair <u>4/4 Apache</u>	12. Age at last birthday <u>32</u> (years)	20. Color of hair <u>4/4 Apache</u>	21. Age at last birthday <u>25</u> (years)
13. Birthplace (city or place) <u>San Carlos, Arizona</u> <small>(State or country)</small>		22. Birthplace (city or place) <u>San Carlos, Arizona</u> <small>(State or country)</small>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day laborer.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
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 oven home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>19</u>	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged 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 3 (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 at 9:50 upon the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
 Given name added from a supplemental report 235-515-352
(Date of)

(Signed) J. C. Hancock, M.D., M. D.
 or _____, Midwife
 Address San Carlos, Arizona
 Filed May 15, 1933 _____ Registrar