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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 without medical care
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: Annabelle Thompson
(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: June 24, 1933
(Month, day, year)

FATHER

9. Full name: Ralph Thompson
10. Residence (usual place of abode) (If nonresident, give place and State): SanCarlos, Arizona
11. Color or race: 4/4 Apache
12. Age at last birthday: 23 (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.: 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: Jeannette Mason
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: 19 (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 stillborn: _____ 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. M.D. or Midwife

Given name added from a supplemental report _____ (Date of)

Address: SanCarlos, Arizona

Filed June 30, 1933 J.C. Hancock Registrar.

135-624-19-5

Registrar.

811—7.17

of month, in order of birth, stated.