DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 95
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation with medical care. or Village San Carlos,
City No. San Carlos Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alexandria Noland Clark (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 26, 1933, 19 (Month, day, year)

FATHER
9. Full name Sam Noland Clark
10. Residence (usual place of abode) (If nonresident, give place and State) SanCarlos, Ariz
11. Color or race 4/4 Apache | 12. Age at last birthday 45 (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 Lyda Polk
19. Residence (usual place of abode) (If nonresident, give place and State) SanCarlos, Arizona
20. Color or race 4/4 Apache | 21. Age at last birthday 43 (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 4 (b) Born alive but now dead 8 (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 8:25 am 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
Address SanCarlos, Arizona
Filed June 30, 1933 J.C. Hancock Registrar.

Given name added from a supplemental report (Date of)
132-626-378
Registrar.

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of each, in order of birth, stated. ... must be made for ... and the number