DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 91
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: Frieda Bullis
(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: July 2 1933, 19— (Month, day, year)

FATHER	MOTHER
9. Full name: Clarence Bullis	18. Full maiden name: Barbara Foline
10. Residence (usual place of abode) Of non-resident, give place and State: San Carlos, Arizona	19. Residence (usual place of abode) Of non-resident, give place and State: San Carlos, Arizona
11. Color or race: 4/4 Apache — 12. Age at last birthday: 28 (years)	20. Color or race: 4/4 Apache — 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona	22. 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.: Hospital janitor & attendant. — 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: 1 yr.	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: 3 (b) Born alive but now dead: 1 (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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 10 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

Given name added from a supplemental report 8-2-33 (Date of)

Address: San Carlos, Arizona

J. C. Hancock, M.D. per BBP
Registrar.

Filed — 19— Registrar.

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