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. San Carlos, Indian Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Bread (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 July 7, 1933 (Month, day, year), 19

FATHER
9. Full name Henry Bread (deceased)
10. Residence (usual place of abode) (If nonresident, give place and State) (deceased)
11. Color or race 4/4 Apache | 12. Age at last birthday (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. None
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 Florence Phillips
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 Carlow, 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 1 (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 8:15 am. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Al Hunte, M. D.
or , Midwife
Address Bylas, Arizona
Filed , 19

Given name added from a supplemental report 8-7-33 (Date of)

A. C. Hancock, M.D. Registrar.

Registrar.

e11—7117

224-707-672

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.