MARGIN RESERVED FOR BINDING

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 93

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 Richard Hoffman (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 8 1933 (Month, day, year)

FATHER

9. Full name Leslie Hoffman

10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.

11. Color or race 4/4 Apache | 12. Age at last birthday 53 (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 Bertha Engel

19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.

20. Color or race 4/4 Apache | 21. Age at last birthday 20? (years)

22. Birthplace (city or place) (State or country) San Carlos, Ariz.

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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 12 noon 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

Address San Carlos, Arizona

Filed , 19 Registrar

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

J. C. Hancock M.D. per BEP. Registrar

945-704-253