DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 110
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 Still born baby. (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 X Full term | 7. Legitimate? Yes | 8. Date of birth July 23, 1933 (Month, day, year), 19

FATHER

9. Full name Ray Stevens

10. Residence (usual place of abode) Of nonresident, give place and State Tonto Cliff Dwellings, Arizona (Roosevelt)

11. Color or race 3/4 Apache | 12. Age at last birthday 30 (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. Care-taker of Tonto Cliff Dwellings,
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 3

MOTHER

18. Full maiden name Maria Rosetti

19. Residence (usual place of abode) Of nonresident, give place and State Tonto Cliff Dwellings Roosevelt, Arizona

20. Color or race 4/4 Apache | 21. Age at last birthday 23 (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, sawyer'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 1 (c) Stillborn 1

28. If stillborn, period of gestation 8 months

29. Cause of stillbirth Toxemia of Pregnancy, Eclampsia | Before labor X | During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born (Born alive or stillborn) at 5 pm m. on the date above stated.

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

022
723
499

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

(Signed) A. F. Hunte, M. D.
or , Midwife
Address Salas, Arizona
Filed , 19

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

Registrar.

per Bel.

V. 9—110

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.