DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 113

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 Patricia Wilson
(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 23, 1933 (Month, day, year)

FATHER

9. Full name Lloyd Sherman Wilson
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona
11. Color or race 4/4 White | 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or country) Bedford Iowa
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook in Indian School
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 5 yrs.

MOTHER

18. Full maiden name Kela Hamblin
19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
20. Color or race 4/4 White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) 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 2 (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 the birth of this child, who was born alive (Born alive or stillborn) at 9 p.m. on the date above stated.

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

765
723
845

(Signed) A. F. Hunte, M. D.
or ____, Midwife
Address Dylas, Arizona

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

O. C. Haycock, M.D.
Registrar.

Filed ____, 19__

e11-7417

Over Blk.

WRITING INK—THIS IS A PERMANENT RECORD

When a child is born, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, should