DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 74

Registered No.

1. PLACE OF BIRTH—

County: Gila — State: Arizona

Township: On reservation without medical care — 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: Bula Kenton

(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: Aug. 7, 1933 (Month, day, year)

FATHER

9. Full name: Casper Kenton

10. Residence (usual place of abode) (If no residence, give place and State): San Carlos, Arizona

11. Color or race: 4/4 Apache — 12. Age at last birthday: 60 (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.: San Carlos Agency

16. Date (month and year) last engaged in this work: present time, 19

17. Total time (years) spent in this work: ?

MOTHER

18. Full maiden name: Iona

19. Residence (usual place of abode) (If no residence, give place and State): San Carlos, Arizona

20. Color or race: 4/4 Apache — 21. Age at last birthday: 50 (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, lawyer's office, silk mill, etc.: Own home.

25. Date (month and year) last engaged in this work: Present time, 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: 6 (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 3 p.m. on the date above stated.

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

Given name added from a supplemental report (Date of)

525-807-500

(Signed) W. Little, V.P. Supt., M. D.

or, Midwife

Address: Byles, Arizona

Filed Aug 31, 1933 J.C. Hofeckmo

Registrar.

Registrar.

c11—7113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In cases 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.