DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 79
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: Caroline Bell
(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. 10, 1933, 19 (Month, day, year)

FATHER

9. Full name: Clarence Bell
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: 25 (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.: Reforestation work
16. Date (month and year) last engaged in this work: Present time, 19
17. Total time (years) spent in this work: 2 mo.

MOTHER

18. Full maiden name: Alice Brown (Haozous)
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: 32 (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: 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: 5 (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 12:50 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)

(Signed) A. F. Lunte, M. D.
or Midwife
Address: Bylas, Arizona
Filed Aug. 31, 1933 J. Hancock M.D. Registrar.

323-810-128

Registrar.

e11—7117

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Abbreviations of names (Christian and surnames) must be avoided. Write the child's name in full, if a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.