DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 80

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 Jessica Leal (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. 11, 1933, 19 (Month, day, year)

FATHER

9. Full name Frank Leal
10. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Arizona
11. Color or race 4/4 Apache 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Ft. McDowell, Arizona

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 Bessie Chinney
19. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Arizona
20. Color or race 4/4 Apache 21. Age at last birthday 24 (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 2 (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 the birth of this child, who was born alive (Born alive or stillborn) at 5:50 P.M. on the date above stated.

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

(Signed) L. F. Kunte, M.D., M. D.
or ____, Midwife
Address San Carlos, Arizona
Filed Aug 11, 1933 J. Hoxie Kane, Registrar.

Given name added from a supplemental report ____ (Date of) 1933-811-2336 Registrar.

611—7MP

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.