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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 89
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 Marlene Gale Smith (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. 21, 1933, 19 (Month, day, year)

FATHER
9. Full name Charles Smith
10. Residence (usual place of abode) (If nonresident, give place and State) Needles, California
11. Color or race 1/4 Cache; 1/2 White, & 1/4 White
12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or country) California.
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. (day)
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 Jocelyn Mayme Jackson
19. Residence (usual place of abode) (If nonresident, give place and State) Needles, Calif.
20. Color or race 1/2 Cache; 1/2 White
21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or country) Camp Verde, Ariz.
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 1 (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 11:50 a.m. on the date above stated.

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

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

Given name added from a supplemental report (Date of)

428-821-115

Filed Aug. 21, 1933 J. C. Hayes, Registrar.

c11—7117