DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 92
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: Harney, Miriam (If child is not yet named, make supplemental report, as directed)

3. Sex: F — If plural births: 4. Twin, triplet, or other: — 5. Number, in order of birth: — 6. Premature: — Full term: — 7. Legitimate? Yes — 8. Date of birth: Aug. 22, 1933, 19__ (Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Louis Farney | 18. Full maiden name: Susie Belvedo |
| 10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona | 19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona |
| 11. Color or race: 4/4 Apache — 12. Age at last birthday: 23 (years) | 20. Color or race: 4/4 Apache — 21. Age at last birthday: 22 (years) |
| 13. Birthplace (city or place) (State or country): San Carlos, Arizona | 22. 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: , 19__ — 17. Total time (years) spent in this work: 1 mo. | 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: 1 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation: months or weeks — 29. Cause of stillborn: 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 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) 488 - 322 - 2262

(Signed) I. F. Hunte, M. D.
or Midwife
Address St Bylas, Arizona
Filed Aug 31, 1933 J. Hemphill Registrar.

Registrar.

611—7137

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Instructions of name-giving, sex of child, etc., SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

V. 8, No. 110,