

...MAIN RESERVED FOR BINDING
 ...PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B. Make use of more than one child at a birth, or 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. 24

1. PLACE OF BIRTH—

County Gila State Arizona
 Township Born on Reservation without Medical Care
 City San Carlos No. to Hospital St. _____ Ward _____

Registered No. _____

2. Full name of child Lalox, Honor Linda

(If birth occurred in a hospital or institution, give the NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed)

3. Sex Female (If plural births) 4. (Viv., triplet, or other) _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of Birth 9-10-33
(Month, day, year)

9. Full name FATHER
Homer Mallow

10. Full maiden name MOTHER
Mary Miller Chimney

11. Residence (usual place of abode) San Carlos, Ariz.

12. Residence (usual place of abode) San Carlos, Ariz.

13. Apache Indian _____ 14. Age at last birthday 33 (years)

15. Apache Indian _____ 16. Age at last birthday 33 (years)

17. Birthplace (city or place) San Carlos, Ariz.
(State or country)

18. Birthplace (city or place) San Carlos, Ariz.
(State or country)

19. Trade, profession, or particular kind of work done as spinner, Sawyer, bookkeeper, etc. Laborer

20. Trade, profession, or particular kind of work done as housekeeper, typist, nurse, clerk, etc. Housewife

21. Industry or business in which work was done as silk mill, sawmill, bank, etc. _____

22. Industry or business in which work was done as iron foundry, lawyer's office, silk mill, etc. _____

23. Date (month and year) last engaged in this work _____

24. Date (month and year) last engaged in this work _____

25. Total time (years) spent in this work _____

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 8 (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 Lalox of the birth of this child, who was Born alive at 2 P. m. on the date above stated.
(Born alive & stillborn)

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

(Signed) J. C. ANCOCK, M.D. M. D.

or _____ Midwife

Given name added from a supplemental report _____

Address San Carlos, Arizona

Filed Sept. 30, 1933 J. Hancock Registrar