DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. 85a

Registered No.

**1. PLACE OF BIRTH—**

County: Gila — State: Arizona

Township: [illegible] — or Village: San Carlos

City: — No. — St. — Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Stevens, Mary (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: September 10th, 1933 (Month, day, year), 19

| FATHER | MOTHER |
|---|---|
| 9. Full name: Stevens, George | 10. Full maiden name: Logan, Geraldine |
| 11. Residence (usual place of abode) (If nonresident, give place and State): San Carlos | 12. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz. |
| 13. Color or race: Pat. Apache — 14. Age at last birthday: 30 (years) | 15. Color or race: 1/4 Apache — 16. Age at last birthday: 29 (years) |
| 17. Birthplace (city or place) (State or country): San Carlos | 18. Birthplace (city or place) (State or country): San Carlos |
| OCCUPATION — 19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer | OCCUPATION — 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, in own home, lawyer's office, silk mill, etc.: |
| 23. Date (month and year) last engaged in this work: , 19 — 24. Total time (years) spent in this work: | 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: — (c) Stillborn: —

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 ? m. on the date above stated.

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

(Signed) [illegible], M. D.

Given name added from a supplemental report (Date of) — or: [illegible], Midwife

Address: San Carlos, Ariz.

Filed: Dec 31, 1933 — J. Hawkins, M.D. Registrar

112-913-235

Registrar

811—71M

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Note: 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.