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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH—

County: Gila — State: Arizona

Township: Born on reservation without medical care — 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: Kenton (As yet un-named) (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: 6-21-33 (Month, day, year), 19__

FATHER	MOTHER
9. Full name: Alonzo Kenton	18. Full maiden name: Edith Lee
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz	19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz
11. Color or race: Apache Indian — 12. Age at last birthday: 25 yr (years)	20. Color or race: Apache Indian — 21. Age at last birthday: 24 yr (years)
13. Birthplace (city or place) (State or country): San Carlos, Ariz	22. Birthplace (city or place) (State or country): San Carlos, Ariz
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work, 19__ — 17. 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: 4 (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 _____

report

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 4 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) J. C. Hancock, M.D., M. D.
or _____, Midwife
Address: San Carlos, Arizona
Filed: July 21, 1933 — J. H. Wreck M.D. Registrar

Given name added from a supplemental report _____ (Date of)

025-921-335 Registrar.

c11—7117

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE HISTORY must be made for each, and the number of each, in order of birth, stated.