DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 83

Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation. or Village San Carlos
City No. SanCarlos 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 Kitch Bush (If child is not yet named, make supplemental report, as directed)

3. Sex Male
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 Oct. 8, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Eugene Bush	18. Full maiden name Peggy ?
10. Residence (usual place of abode) Of nonresident, give place and State San Carlos, Ariz.	19. Residence (usual place of abode) Of nonresident, give place and State San Carlos, Ariz.
11. Color or race 4/4 Apache	20. Color or race 4/4 Apache
12. Age at last birthday 43 (years)	21. Age at last birthday 51 (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. Truck Driver	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	25. Date (month and year) last engaged in this work ,19
17. 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 6 (b) Born alive but now dead 6 (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 11:15 a.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)

(Signed) J. C. Hancock, M. D.
or Midwife
Address San Carlos, Arizona

Filed Oct. 31, 1933 J. A. Joseph, M.D. Registrar.

288-1008-200

Registrar.

CH—FILE

NOTE—Do not make more than one child at a birth, a SEPARATE RECORD must be made for each, and the number of each, in order of birth, stated.