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: On reservation without medical care — 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: Alexander Upshaw — (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), 19__

FATHER	MOTHER
9. Full name: John Upshaw	18. Full maiden name: Winona ?
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, Ariz.
11. Color or race: 4/4 Apache — 12. Age at last birthday: 35 (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.	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 3 — (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 4 a.m. 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 C Hancock M D, Registrar.

146-1008-600

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