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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: On reservation
or Village: San Carlos, Arizona
City: _____
No.: San Carlos Indian Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

2. Full name of child: Joan Farney

3. Sex: Female
If twins or triplets: 4. Twin, triplet, or other: _____ 5. Number, in order of birth: _____
6. Premature or Full term: X
7. Legitimate? Yes
8. Date of birth: Oct. 27, 33 (Month, day, year)

FATHER

9. Full name: Gilbert Farney
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Arizona
11. Color or race: 4/4 Apache
12. Age at last birthday: 28 (years)
13. 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.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____
16. Date (month and year) last engaged in this work: _____ 19__
17. Total time (years) spent in this work: _____

MOTHER

18. Full maiden name: Nellie Dickens
19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos, Ariz.
20. Color or race: 4/4 Apache
21. Age at last birthday: 23 (years)
22. Birthplace (city or place) (State or country): San Carlos, Ariz.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: No wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____
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: 5 (b) Born alive but now dead: _____ (c) Stillborn: _____ (Before labor) _____ (During labor) _____

28. If stillborn, period of gestation: _____ (months or weeks)
29. Cause of stillbirth: _____

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 10:50 on the date above stated.

(Signed) J. C. Babcock, M. D. / Midwife
of San Carlos, Arizona
Address: _____
Filed Oct 31, 1933 J. C. Hopkins, Registrar

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) _____ Registrar.

188-027-542

c11—711

RIVETS
RIVETS
RIVETS

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. ____ N. B.—In cases of 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.