RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 105
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation or Village San Carlos, Ward
City No. San Carlos Indian Hospital
(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 Billy Frances

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. 27, 1933, 19 (Month, day, year)

FATHER

9. Full name Thomas Frances

10. Residence (usual place of abode) (If nonresident, give place and State) Superior, Arizona

11. Color or race 4/4 Apache | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Camp Verde, Arizona

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 Margaret Grant

19. Residence (usual place of abode) (If nonresident, give place and State) Superior, Ariz.

20. Color or race 4/4 Apache | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or country) San Carlos, Arizona

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
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 2 (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 (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 return.)

(Signed) J. C. Hancock, M. D.
or Midwife
Address San Carlos, Arizona
Filed Oct 31, 1933 J C Hancock M D Registrar.

Given name added from a supplemental report (Date of)

262-1027-473 Registrar.

c12—7117