DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 96

Registered No.

1. PLACE OF BIRTH—
County: Gila — State: Arizona
Township: (in reservation without medical care or Village: San Carlos, Arizona
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: Iris Donald
(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: Nov. 1, 1953, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: Clement Donald	18. Full maiden name: Rose Dilli (Vanca)
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, Arizona
11. Color or race: 4/4 Apache	20. Color or race: 4/4 Apache
12. Age at last birthday: 51 (years)	21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or country): San Carlos Reservation, Arizona	22. Birthplace (city or place) (State or country): San Carlos Reservation, 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	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: 2 (b) Born alive but now dead: 1 (c) Stillborn: 1

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 11 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) F. C. Hancock, M.D., M. D.
or, Midwife
Address: San Carlos, Arizona

Given name added from a supplemental report (Date of)

Filed Nov 30, 1953 — J. Hayek, Registrar

9HH-1101-955

Registrar.

N. B.—In case 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.

THIS IS A PERMANENT RECORD