MARGIN RESERVED FOR BINDING

WRITE 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. 128

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:** Talkalai, Edna

(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:** November, 20th 1933 (Of month, day, year)

**FATHER**

**9. Full name:** Talkalai, James Talton

**10. Residence (usual place of abode)** (If not resident, give place and State): San Carlos

**11. Color or race:** Indian — **12. Age at last birthday:** 23 (years)

**13. 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.:

**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:** Allen, Fannie

**19. Residence (usual place of abode)** (If not resident, give place and State): San Carlos

**20. Color or race:** Indian — **21. Age at last birthday:** 18 (years)

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

**OCCUPATION**

**23. Trade, profession, or particular kind of work done,** as housekeeper, typist, nurse, clerk, etc.:

**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: 3 — (b) Born alive but now dead: 1 — (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 ? m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

(Signed) T. C. Hancock, M. D.

or San Carlos, Ariz. a, Midwife

Address:

Given name added from a supplemental report: (Date of)

Filed Nov 30, 1933 — Registrar.

1-29-1126-6/5

c11—7117

Registrar.