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. 122
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township (on reservation with medical care. or Village San Carlos
City No. [illegible] to hospital. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wooters (not yet named.) (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. 30, 1933, 19__ (Month, day, year)

FATHER	MOTHER
9. Full name: Benjamin Marion Wooters	18. Full maiden name: Ottelia Miller
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 white	20. Color or race: 4/4 white
12. Age at last birthday: 52 (years)	21. Age at last birthday: 52 (years)
13. Birthplace (city or place) (State or country): Nebraska	22. Birthplace (city or place) (State or country): Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher in Indian	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.: School	24. Industry or business in which work was done, in 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 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 1:15 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) J. C. Theobald, M. D.
or ____, Midwife
Address San Carlos, Arizona

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

Filed Dec. 30, 1933 J. C. Hoifjork M.D. Registrar.

0102 - 1130 - 1699
Registrar.