DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 106

Registered No.

1. PLACE OF BIRTH—

County Gila State Arizona

Township On reservation with medical care or Village San Carlos

City No. SAN CARLOS INDIAN HOSPITAL St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Noline, Ernest (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 Dec. 12, 1933 (Month, day, year), 19

FATHER	MOTHER
9. Full name Noline, Homer	18. Full maiden name Hinton, Florence
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos
11. Color or race 4/4 Apache; 12. Age at last birthday 25 (years)	20. Color or race 4/4 Apache; 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) San Carlos, Arizona	22. 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. 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 1 (b) Born alive but now dead 0 (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 5:50 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. Hancock, M. D.

or , Midwife

Address San Carlos, Arizona.

Given name added from a supplemental report (Date of)

555-1217-613

Filed Dec. 12, 1933 J. C. Hancock M.D. Registrar.

c11—7117

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated.