DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 107

Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation without medical care or Village San Carlos
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 Nash, Dyke,
(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. 12th, 1933, 19— (Month, day, year)

FATHER

9. Full name Nash, Percy
10. 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 38 (years)
13. 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
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 Edwards, Nancy
19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos
20. Color or race 4/4 Apache
21. Age at last birthday 37 (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 4 (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

Reported

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 am, 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)

Filed Dec. 31, 1933 J. C. Hancock
Registrar.

1958-1212-552

g11—7117 Registrar.

NOTE: Please write in ink. If more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of each, in order of birth, stated.