DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 108

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 VICTOR, LORETTA (If child is not yet named, make supplemental report, as directed)

3. Sex Female | 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	MOTHER
9. Full name Victor, Ernest	18. Full maiden name Telto, Delia
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	20. Color or race 4/4 Apache
12. Age at last birthday 22 (years)	21. Age at last birthday 21 (years)
13. Birthplace (city or place) San Carlos, (State or country) Arizona	22. Birthplace (city or place) San Carlos (State or country) 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 2 (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 7:30 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. O. Hancock, M. D.
or Midwife
Address San Carlos, Arizona

Given name added from a supplemental report (Date of)

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

B-R-1212-4336 Registrar.

c11—7117