

STANDARD CERTIFICATE OF BIRTH

State File No. 124

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 _____

2. Full name of child Marta, Mary

3. Sex Female *If shared births* 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature X Full term _____ 7. Legitimate? Yes 8. Date of birth Dec. 23rd, 1933
(Month, day, year)

9. Full name of FATHER Marta, Elmer

10. Full name of MOTHER Standing, Minnie

11. Residence (usual place of abode) San Carlos
(If apartment, give place and State)

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13. Color or race 4/4 Apache 14. Age at last birthday 39 (Years)

15. Color or race 4/4 Apache 16. Age at last birthday 25 (Years)

17. Birthplace (city or place) San Carlos
(State or country) ARIZONA

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(State or country) ARIZONA

OCCUPATION
19. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
21. Date (month and year) last engaged in this work 19
22. Total time (years) spent in this work _____

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 2 (b) Born alive but now dead _____ (c) Stillborn 1

28. 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 at 7:50 p.m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
Given name added from a supplemental report _____
(Date of) _____
(Signed) J. C. Hancock, M. D.

or _____, Midwife
Address San Carlos, Arizona
Filed Dec. 23, 1933 J. C. Hancock
Registrar