DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 161
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 BONI CECELIA? (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. 30th, 1933, 19__ (Month, day, year)

FATHER
9. Full name BONI, SAM
10. Residence (usual place of abode) (If nonresident, give place and State) SAN CARLOS, ARIZONA
11. Color or race 4/4 Apache | 12. Age at last birthday 32 (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. Labour
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 KINDELAY, VIOLET, (ELLEN)
19. Residence (usual place of abode) (If nonresident, give place and State) SAN CARLOS, ARIZONA.
20. Color or race 4/4 Apache | 21. Age at last birthday 22 (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 6 (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 9:30a 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
Filed Dec. 30, 1933 J. C. Hancock MD Registrar.

Given name added from a supplemental report ___ (Date of)
329-1230-529 Registrar.

c11—7117

... RECORD ... and the number of each, in order of birth, stated.