San Carlos Agency

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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# STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation without medical care or Village San Carlos
City No. No hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Galsun, Rita (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. 11, 1934 (Month, day, year)

FATHER

9. Full name Galsun, Richard

10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.

11. Color or race 4/4 Apache | 12. Age at last birthday 26 (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 10 ce., 1934
17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Goode, Ella

19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.

20. Color or race 4/4 Apache | 21. Age at last birthday 28 (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. Own home
25. Date (month and year) last engaged in this work 10 ce., 1934
26. Total time (years) spent in this work 10 yrs.

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 2 (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~~ Reported the birth of this child, who was born alive (Born alive or stillborn) at 3 p.m. m. on the date above stated.

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

Given name added from a supplemental report 978-1211-575 (Date of)

(Signed) Fred A. Kennedy, M.D., M. D.
or ..., Midwife
Address San Carlos, Ariz.
Filed 10 ce. 31, 1934 Fred A. Kennedy Registrar

Registrar.

c11—7117