

147

PLACE OF BIRTH
 County of Sierra
 Township of _____
 Village of _____
 City of _____ (No. _____ St.; _____ Ward)

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STANDARD CERTIFICATE OF BIRTH

Registered No. 10801
11

FULL NAME OF CHILD Harold M Intosh (If child is not yet named, make supplemental report, as directed)

Sex of child Male Twin, triplet, or other? — Number in order of birth — Legitimate? yes Date of birth 7 8 1922
 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	<u>Daniel M Intosh</u>	FULL MAIDEN NAME	<u>Unknown</u>
RESIDENCE	<u>San Carlos Army</u>	RESIDENCE	<u>San Carlos Army</u>
COLOR	<u>4/4 Indian</u> AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR	<u>4/4 Indian</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE	<u>San Carlos</u>	BIRTHPLACE	<u>San Carlos Army</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>Housewife</u>
Number of children born to this mother, including present birth <u>5</u>		Number of children of this mother now living <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at _____ M., the date above stated. did not

(Signature) [Signature]
[Signature]
 (Physician or Midwife)

*When there was no attending physician or midwife in the father, householder, make this return. A stillborn one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____, 19 _____

Address 848-708-000

Filed _____, 19 _____

REGISTRAR REGISTRAR