200

(Instructions on certain points may be printed on the back. Size of certificate, 6½ x 7½ inches.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

6—884 d

V. S. No. 109

PLACE OF BIRTH

County of Gila

Township of

Village of San Carlos

City of ..... (No. ....., ... St.; ..... Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH 1498

Registered No. 10

FULL NAME OF CHILD Grant McIntosh

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

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	7 (Month), 30 (Day), 1922 (Year)

FATHER		MOTHER	
FULL NAME	Donald McIntosh	FULL MAIDEN NAME	Nellie Astor
RESIDENCE	San Carlos Ariz	RESIDENCE	San Carlos Arizona
COLOR	4/4 Indian	COLOR	4/4 Indian
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	San Carlos. Ariz	BIRTHPLACE	San Carlos Ariz
OCCUPATION	Laborer	OCCUPATION	Home wife

Number of children born to this mother, including present birth 2

Number of children of this mother now living 2

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 1 P. M., on the date above stated.

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

(Signature) C H Sawyer MD

Agency Physician (Physician or Midwife)

Given name added from a supplemental report ....., 19

REGISTRAR

Address .....

Filed ....., 19 .....

REGISTRAR

11—335 R