

2532

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

State File No. 137A

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

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.

1. PLACE OF BIRTH

County Gila State Arizona
Township Rice or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maggie Galson (If child is not yet named, make supplemental report, as directed)

3. Sex of child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct. 9, 1922 (Month, day, year)

FATHER
Full name Fred Galson

MOTHER
Full maiden name Barbara Gomburga

9. Residence (Usual place of abode) If nonresident, give place and State Rice

15. Residence (Usual place of abode) If nonresident, give place and State Rice

10. Color or race Indian 11. Age at last birthday 57 (Years)

16. Color or race Indian 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) (State or country) Arizona

18. Birthplace (city or place) (State or country) Arizona

13. Occupation laborer Nature of Industry _____

19. Occupation housewife Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11:00 a.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature R. B. Spearman, M.D.
(Physician or Midwife)

Given name added from a supplemental report _____ (Month, day, year) Address 475-1009-271
Filed _____, 19 _____ Registrar.