

2550

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

State File No. 1414

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

1. PLACE OF BIRTH—
County Gila State Arizona
Township _____ or Village San Carlos
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 Charles Denton (If child is not yet named, make supplemental report, as directed)

3. Sex of child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Legitimate? _____ 7. Date of birth 12-15-22 (Month, day, year)

FATHER		MOTHER	
8. Full name <u>Casper Denton</u>	14. Full maiden name <u>Kenneth Denton</u>	9. Residence (Usual place of abode) <u>San Carlos Ariz</u>	15. Residence (Usual place of abode) <u>San Carlos Ariz</u>
10. Color or race <u>Indian</u>	11. Age at last birthday <u>44</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>San Carlos Ariz</u>	18. Birthplace (city or place) <u>Arizona</u>	13. Occupation <u>Farmer</u>	19. Occupation <u>Housewife</u>
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 <u>9</u>	
		(b) Born alive but now dead <u>0</u>	
		(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was _____ at 7 P 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 Sarah Chapin
(Physician or Midwife)

Given name added from supplemental report 325-1018-525 Address _____
(Month, day, year) Filed _____, 19____ Registrar.

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