

2551

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF BIRTH

State File No. 151-03  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Pima State Arizona  
Township Pisa 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 Sally Holand (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. 19, 1922 (Month, day, year)

FATHER  
8. Full name Sam Holand Clerk

MOTHER  
14. Full maiden name Lyda Polk

9. Residence (Usual place of abode) Pisa (State or country) If nonresident, give place and State

15. Residence (Usual place of abode) Pisa (State or country) If nonresident, give place and State

10. Color of race Indian 11. Age at last birthday 34 (Years)

16. Color of race Indian 17. Age at last birthday 32 (Years)

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

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

13. Occupation laborer Nature of Industry

19. Occupation housewife Nature of Industry

20. Number of children of this mother 8 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 3 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 10 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 P. B. Spelman, M.D.  
(Physician or Midwife)

Given name added from a supplemental report 232-1019-372 Address \_\_\_\_\_  
(Month, day, year) Filed \_\_\_\_\_, 19\_\_\_\_ Registrar.

Always RETURN must be made for \_\_\_\_\_, and the number of each, in order of birth, stated.