DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS State File No. 21

STANDARD CERTIFICATE OF BIRTH State Registered No. 89A

1. PLACE OF BIRTH—
County Gila State Arizona
Township ..... or Village .....
City San Carlos No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Lfude (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 Sep 16 1922 (Month, day, year)

FATHER	MOTHER
8. Full name Allen Lfude	14. Full maiden name Ada Lfude
9. Residence (Usual place of abode) San Carlos If nonresident, give place and State Arizona	15. Residence (Usual place of abode) San Carlos If nonresident, give place and State Arizona
10. Color or race 4/4 Indian 11. Age at last birthday 43 (Years)	16. Color or race 4/4 Indian 17. Age at last birthday 40 (Years)
12. Birthplace (city or place) San Carlos (State or country) Arizona	18. Birthplace (city or place) San Carlos (State or country) Arizona
13. Occupation Nature of Industry Farmer	19. Occupation Nature of Industry Housewife

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 6 (b) Born alive but now dead ..... (c) Stillborn .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sep 16 -1922 (Born alive or stillborn) at ..... 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 Sarah Chapman
(Physician or Midwife)

Given name added from a supplemental report ..... (Month, day, year)

Address 985-1216-185

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

Registrar. Regi

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