

2-11

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

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

State File No. 1538
Registered No. 126

1. PLACE OF BIRTH—Gila
County Gila State Arizona
Township _____ or Village Sau 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 Hattie Hopkins (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 2/23/23 (Month, day, year)

8. FATHER
Full name Nelson Hopkins
9. Residence (Usual place of abode) If nonresident, give place and State Sau Carlos Ariz
10. Color or race Indian
11. Age at last birthday 35 (Years)
12. Birthplace (city or place) (State or country) Sau Carlos Ariz
13. Occupation Nature of Industry Farmer

14. MOTHER
Full maiden name Bertha Hilcox
15. Residence (Usual place of abode) If nonresident, give place and State Sau Carlos Ariz
16. Color or race Indian
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) (State or country) Sau Carlos Ariz
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 5 (b) Born alive but now dead none (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 2 P m. on the date above stated.
(Born alive or stillborn)
Signature [Signature]
(Physician or Midwife)

Given name added from a supplemental report 8/2-223-217 (Month, day, year)
Address Sau Carlos Arizona
Filed 9/10, 1923
Registrar [Signature]