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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

State File No. 1120

Registered No.

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH— US Census No 1 for Sept 1923

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 Stillborn Astor (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 Sept 6/23 (Month, day, year)

FATHER	MOTHER
8. Full name William Astor	14. Full maiden name Mabel Cupa
9. Residence (Usual place of abode) If nonresident, give place and State San Carlos Ariz	15. Residence (Usual place of abode) If nonresident, give place and State San Carlos Ariz
10. Color or race 4/4 Indian; 11. Age at last birthday 24 (Years)	16. Color or race 4/4 Indian; 17. Age at last birthday 22 (Years)
12. Birthplace (city or place) San Carlos Ariz (State or country)	18. Birthplace (city or place) San Carlos Ariz (State or country)
13. Occupation Laborer; Nature of industry	19. Occupation Housewife; Nature of industry at home

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 0 (b) Born alive but now dead 1 (c) Stillborn 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 11 P 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 C L Woods

Physician (Physician or Midwife)

Given name added from a supplemental report 019-906-431 (Month, day, year)

Address Rice Arizona

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

Registrar.

Registrar.

611—7117