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San Carlos Agency

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 121a

Registered No.

1. PLACE OF BIRTH:
County Gila State Arizona
Township On reservation without medical care or Village San Carlos
City No. No hospital St., Ward.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Grant, Ora (Ola) {If child is not yet named, make supplemental report, as directed.

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term X | 7. Legitimate? Yes | 8. Date of birth February 1st, 1928 (Month, day, year) 193

FATHER	MOTHER
9. Full name Grant, Timothy	18. Full maiden name Harrison, Nora (Alice)
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
11. Color or race 4/4 Apache; 12. Age at last birthday 46 (years)	20. Color or race 4/4 Apache; 21. Age at last birthday 30 (years)
13. Birthplace (city or place and State or country): San Carlos, Arizona	22. Birthplace (city or place and State or country): San Carlos, Arizona
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ?	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Feb. 1928, 193; 17. Total time (years) spent in this work ?	25. Date (month and year) last engaged in this work Feb. 1928, 193; 26. Total time (years) spent in this work ?

27. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead - (c) Stillborn -

28. If stillborn, period of gestation {months or weeks | 29. Cause of stillbirth {Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ reported the birth of this child, who was born alive (Born alive or stillborn) at ? m. on the date above state

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signed) Don Lynwalter, M.D.

or , Midwife

Given name added from a supplemental report 673-201-585 (Date of)

Address San Carlos, Arizona

Filed , 193 Don Lynwalter Registrar

Registrar.

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