

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 276  
 Registered No. 143

**1. PLACE OF BIRTH**

County Marcopa State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frieda Marie Gill { 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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb-3-1927  
Month Day Year

8. FATHER  
 Full name John P. Gill

14. MOTHER  
 Full maiden name Nettie Laningham

9. Residence (Usual place of abode)  
 If non-resident, give place and state. 1710 W. Grant

15. Residence (Usual place of abode)  
 If non-resident, give place and state. Same

10. Color or race W.

11. Age at last birthday 35 (Years)

16. Color or race W

17. Age at last birthday 29 (Years)

12. Birthplace (city or place)  
 (State or country) Texas

18. Birthplace (city or place)  
 (State or country) Okla.

13. Occupation  
 Nature of industry Mechanic

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum?  
yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 2:00 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 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Address \_\_\_\_\_  
M. J. Dwyer Registrar Filed 2-17, 1927 Registrar

673-203-535

If more than one child a birth, a SEPARATE certificate must be made for each, and the date and order of birth stated.