ARIZONA STATE BOAR

1. PLACE OF BIRTH

BUREAU OF VITAL STA

STANDARD CERTIFICATE

County Gila

Township

City Miami No. Miami-Insp. St

(If birth occurred in a hospital or insti

2. Full name of child Olive Helen Condit

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

FATHER

9. Full name Edwin Carmichael Condit

10. Residence (usual place of abode) (If non-resident, give place and State) Miami

11. Color or race Cauc

12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Aztec

(State or country) New Mex

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

16. Date (month and year) last engaged in this work Feb 11, 1932

17. Total time (years) spent in this work 5 yrs

18.

19.

20.

22.

OCCUPATION

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living

28. If stillborn, period of gestation ..... { months or weeks

29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHY

I hereby certify that I attended the birth of this child, who was ..... (Born a

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

(Signed) C

or

Address M

Given name added from a supplemental report ..... (Date of)

Filed Nov

Registrar.

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