

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 54  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Cochise State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Douglas No. 654-16th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Dean Reed Goodman { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>4/14</u> , 19 <u>30</u> <small>(Month, day, year)</small>
		5. Number, in order of birth.....	Full term _____		

**9. Full name** FATHER  
Reed Goodman

**10. Residence (usual place of abode)**  
(If nonresident, give place and State) Douglas

**11. Color or race** White

**12. Age at last birthday** 36 (Years)

**13. Birthplace (city or place)**  
(State or country) Ariz

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

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

**16. Date (month and year) last engaged in this work** \_\_\_\_\_, 19\_\_\_\_

**17. Total time (years) spent in this work** \_\_\_\_\_

**18. Full maiden name** MOTHER  
Justine Lee

**19. Residence (usual place of abode)**  
(If nonresident, give place and State) Douglas

**20. Color or race** White

**21. Age at last birthday** 22 (Years)

**22. Birthplace (city or place)**  
(State or country) Ariz

**23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.**

**24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.** Housewife

**25. Date (month and year) last engaged in this work** \_\_\_\_\_, 19\_\_\_\_

**26. Total time (years) spent in this work** \_\_\_\_\_

**27. Number of children of this mother** 3  
(At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (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 the birth of this child, who was alive 2:30 p.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. }

(Signed) W. Stearns \_\_\_\_\_, M. D.

Given name added from a supplemental report \_\_\_\_\_ or \_\_\_\_\_ Midwife

Address 571 \_\_\_\_\_, 1930 Douglas

Filed \_\_\_\_\_, 1930 \_\_\_\_\_ Registrar.

N. B.—In case of emergency, the State Board of Health may issue a birth certificate in order of birth stated.