

ARIZONA STATE BOARD OF HEALTH

State File No. 140
Registered No. _____

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

County Gila State Ariz.
Township _____ or Village Rice
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 Katherine Parsons (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural Births _____ 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 6-2-30, 19____
(Month, day, year)

9. Full name FATHER
Edward Parson

18. Full maiden name MOTHER
Koshaw ?

10. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

19. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

11. Color or race 4/4 Apache Indian 12. Age at last birthday 62 (Years)

20. Color or race 4/4 Apache Indian 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) Camp Verde
(State or country) Ariz.

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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. _____

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

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 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 3 (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 report the birth of this child, who was alive 4:00A 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) G. Lough, M. D.

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

or _____, Midwife

Address J. Rice Ariz
Filed 6/5, 1930 G. Lough Registrar

III ORDER OF BIRTH STATIST.

272-602-200