

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 91

Registered No. _____

1. PLACE OF BIRTH

County Cochise State Arizona
 Township _____ or Village _____
 City Douglas No. 616 16th Street St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hester Ann Elizabeth McDonald { 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 <input checked="" type="checkbox"/>	7. Legitimate? Yes	8. Date of birth <u>8-31-</u> 19 <u>30</u> <small>(Month, day, year)</small>
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9. Full name **FATHER**
Ralph McDonald

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

11. Color or race White 12. Age at last birthday 22 (Years)

13. Birthplace (city or place)
(State or country) Douglas, Arizona

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

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

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 2

18. Full maiden name **MOTHER**
Thelma Franklin Douglas, Arizona

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

20. Color or race White 21. Age at last birthday 15 (Years)

22. Birthplace (city or place)
(State or country) Douglas, Arizona

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

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

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 born alive at 10:20 A.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) P. P. Ramsey _____ Midwife
 or _____
 Address Douglas, Arizona
 Filed 9/3 1930 P. P. Ramsey Registrar
 Registrar _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

844-831-365