

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 130
Registered No. _____

1. PLACE OF BIRTH

County Coconino State _____
Township _____ or Village _____
City Flagstaff St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Westone { If child is not yet named, make supplemental report, as directed

| | | | | | |
|-------------|------------------------|------------------------------------|--------------------|--------------------------|--|
| <u>Male</u> | If plural births _____ | 4. Twin, triplet, or other _____ | 6. Premature _____ | 7. Legitimate <u>Yes</u> | 8. Date of birth <u>Oct 2, 1930</u> <small>(Month, day, year)</small> |
| | | 5. Number, in order of birth _____ | Full term _____ | | |

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|---|--|
| 9. Full name of FATHER <u>Louis Westone</u> | 18. Full maiden name of MOTHER <u>Matilda Parola</u> |
|---|--|

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|--|--|
| 10. Residence (usual place of abode) <u>Flagstaff</u> <small>(If nonresident, give place and State)</small> | 19. Residence (usual place of abode) <u>Flagstaff</u> <small>(If nonresident, give place and State)</small> |
|--|--|

| | | | |
|--------------------------------|--|-------------------------------|--|
| 11. Color of hair <u>Black</u> | 12. Age at last birthday <u>35</u> (Years) | 20. Color of eyes <u>Blue</u> | 21. Age at last birthday <u>24</u> (Years) |
|--------------------------------|--|-------------------------------|--|

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|---|---|
| 13. Birthplace (city or place) <u>Prinville</u> <small>(State or country) <u>Arizona</u></small> | 22. Birthplace (city or place) <u>Arizona</u> <small>(State or country) <u>Arizona</u></small> |
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| | |
|--|---|
| <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Copper mine</u></p> <p>16. Date (month and year) last engaged in this work _____, 19____</p> | <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____</p> <p>25. Date (month and year) last engaged in this work _____, 19____</p> <p>26. Total time (years) spent in this work _____</p> |
|--|---|

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (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 _____ at 8:00 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.

(Signed) Charles Hunt, M.D.

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

or _____, Midwife

Address 1008 E. 1st St.
Filed Nov 8, 1930 O. J. Phillips

Registrar.

Registrar.

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IN KINK CASE AS SEEN AND I SHOULD RETURN must be made for each, and the number of each in order of birth stated.