

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 185
Registered No. 94

1. PLACE OF BIRTH

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

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

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes 7. Legitimate _____ 8. Date of birth Oct 24, 1930
(Month, day, year)

9. Full name of FATHER <u>Manardo Araiza</u> 10. Residence (usual place of abode) <u>Manamouth</u> (If nonresident, give place and State)	16. Full maiden name of MOTHER <u>Rory Smith</u> 17. Residence (usual place of abode) <u>Manamouth</u> (If nonresident, give place and State)
---	---

11. Color or race White 12. Age at last birthday 21 (Years) 20. Color or race White 21. Age at last birthday 17 (Years)

13. Birthplace (city or place) Manamouth 22. Birthplace (city or place) Arizopa
(State or country) Ariz. (State or country) Ariz.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work <u>Oct 24, 1930</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>None</u> 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 <u>Oct 24, 1930</u>
---	---

17. Total time (years) spent in this work ? 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 _____ at 10⁴⁵ 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 H. Hartsch M.D. I

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

or _____ Midwife

Address Hayden, Arizona

Filed Nov 10th, 1930 W.D. Duck Registrar

Registrar

328-1024-928