

# ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 151  
Registered No. 97

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

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

Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov 18, 1930</u> (Month, day, year)
		5. Number, in order of birth _____	Full term _____		

9. Full name of FATHER <u>Charlie Smith</u>	18. Full maiden name of MOTHER <u>Carmen Miranda</u>
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10. Residence (usual place of abode) (If nonresident, give place and State) <u>Marionville</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Marionville</u>
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20. Color or race <u>Mex</u>	21. Age at last birthday <u>35</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Dodleyville Ariz</u>	22. Birthplace (city or place) (State or country) <u>Arizona</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Home wife</u>
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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. _____
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16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____
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16. Date (month and year) last engaged in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____
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16. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 1 (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 3:45 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. ..., M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife  
Address Rayden, Arizona

Registrar \_\_\_\_\_

Filed Nov 22, 1930 Edw. ... Registrar

328-1118-351