

# ARIZONA STATE BOARD OF HEALTH

State File No. 187  
Registered No. 101

**1. PLACE OF BIRTH**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

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

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

3. Sex <u>Female</u>	4. plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate	8. Date of birth <u>Nov 25, 1930</u> (Month, day, year)
		5. Number, in order of birth	Full term	mate <u>Yes</u>	

9. Full name of FATHER Julis Poppy

18. Full maiden name of MOTHER Josephine

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

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

11. Color or race White 12. Age at last birthday 28 (Years)

20. Color or race White 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) Arizona  
(State or country) USA

22. Birthplace (city or place) Arizona  
(State or country) USA

OCCUPATION

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

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 \_\_\_\_\_, 19\_\_\_\_

OCCUPATION

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 3 (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 2 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) Charles B. Husted M.D.

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

or \_\_\_\_\_ Midwife  
Address Hayden Arizona

Filed Nov 29, 1930 Registrar W. J. H. H.

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