

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 186
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Phoebe Ann Elliott { If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Dec 25, 1930
(Month, day, year)

9. Full name of FATHER Howard H. Elliott

18. Full maiden name of MOTHER Mary A. Patton

10. Residence (usual place of abode) Winkelman
(If nonresident, give place and state)

19. Residence (usual place of abode) Winkelman
(If nonresident, give place and state)

11. Color or race White 12. Age at last birthday 42 (Years)

20. Color or race White 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) Kentucky
(State or country)

22. Birthplace (city or place) Kellogg
(State or country) Calif.

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

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

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

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

16. Date (month and year) last engaged in this work Dec 25, 1930

25. Date (month and year) last engaged in this work Dec 25, 1930

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 _____ (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 4:05 PM 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. Hurdston, M. D.

or _____, Midwife

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

Address Jan 9, 1931 PC/H. H. Hurdston
Filed _____ Registrar.

Registrar.

753-1225-435