

00110

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 18

1. PLACE OF BIRTH

County Yuma State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

2. Full name of child Mary Margaret Bower
If birth occurred in a hospital or institution, give its NAME instead of street and number
If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate _____ 8. Date of birth Feb 7, 1921
(Month, day, year)

9. Full name of FATHER Floyd E Bower
10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
11. Color or race White
12. Age at last birthday 29 (Years)
13. Birthplace (city or place) Yuba City
(State or country) Mo
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Craw Chapman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Mary Herring
19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
20. Color or race White 21. Age at last birthday 27 (Years)
22. Birthplace (city or place) Hayden
(State or country) Ariz
23. Trade, profession, or particular kind of work done, as housewife, 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 _____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At three of this birth and including this child) (a) Born alive and now living 4 (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 4:30 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. Hutchins M.D.
or _____ Midwife
Given name added from a supplemental report _____ (Date of) _____
Address Hayden Ariz
Filed Feb 4, 1921 W.D. Doherty Registrar.

in order of birth stated.

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