

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 118

Registered No.

1. PLACE OF BIRTH

County Gila

State Arizona

Township or Village Christman

City No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child... Tines, Sarah Ellen

If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other.....	6. Premature Full term. <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 12, 1931</u> (Month, day, year)
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9. Full name FATHER
Barney Tines

16. Full maiden name MOTHER
Ruby Straight

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

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

11. Color or race White 20. Age at last birthday 2-6 (Years)

20. Color or race White 21. Age at last birthday 0-20 (Years)

13. Birthplace (city or place) Cisco
(State or country) Texas

22. Birthplace (city or place) Roosevelt
(State or country) Ariz

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

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. Trucking Co. Truck driver

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 19.....

25. Date (month and year) last engaged in this work 19.....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... { months or weeks } 29. Cause of stillbirth..... { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 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) W. H. Point M. D.

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

or Midwife

Address Christman, Arizona

Filed May 6, 1931 P. H. Patton Registrar.

Registrar.

232-412-923

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.