ARIZONA STATE BOARD OF HEALTH State File No ... BUREAU OF VITAL STATISTICS RMA..e. T RECOKD must be made for each, and the number Registered No..... 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH District or Township ....... (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. 2. Full name of child .... 6 Twin, triplet or other Date Sex of Child To ba answered ONLY in gent of plural 5. No., in order of birth ...... Day MOTHER BATHER Full nam 16, Residence Residence (Usual place of (Usual place o If non-resident, give place and sta If non-resident, give place and .Cotor or race 17. Age at last birthda; 18. Birthplace (city 12. Birthplace (city or place (State or country) (State or country) 19. Occupation 13. Occupation Nature of Industry Nature of Industr child 21. Were precautions taken against oph-thalpile neonatorum? (a) Born alive and now living ..... 20. Number of children of this mother..... (b) Born allye but now dead ....... (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE on the date above stated. I hereby certify that I attended the birth of this child, who was..... HOLE . When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stittborn child is one that pether breathes nor 갢 shows other evidence of life after birth. Given name added from Month, day, year m Registrar Registrar.