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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 838

1. PLACE OF BIRTH

County Yuma State Ariz
Township Yuma or Village _____
City Yuma No. Yuma Hospital
(If birth occurred in a hospital or institution, give its name instead of street and number)

2. Full name of child Barbara Jean Marchand

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order, of birth _____
6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth 8-23- 1935
(Month, day, year)

9. Full name Imbert Henry Marchand FATHER

10. Full maiden name Mary Alice Franklin MOTHER

11. Residence (usual place of abode) 704 - E - 8th
(If nonresident, give place and State)

12. Residence (usual place of abode) 1714 - E - 8th
(If nonresident, give place and State)

13. Color or race W 14. Age at last birthday 22 (Years)

15. Color or race W 16. Age at last birthday 17 (Years)

17. Birthplace (city or place) Ohio
(State or country)

18. Birthplace (city or place) Ohio
(State or country)

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

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

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

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

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

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

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

26. If stillborn, period of gestation _____ { months or weeks } 27. 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 Born alive at 2:30 P.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) R. H. Smith, M. D.

Given name added from a supplemental report _____ (Date of) 244-822-465

Address 130 So. 2nd or _____
Filed Aug 26 1935 Leona A. Howard Registrar.

... ADDING INK—THIS IS A PERMANENT RECORD... SEPARATE RETURN must be made for each, and the number of each in order of birth stated.