

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 135  
Registered No. 547

1. PLACE OF BIRTH

County Gila State \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3302 Louis Ave. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Infant Raymond

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

8. Date of birth Nov 16 1931  
(Month, day, year)

3. Sex Male If plural births \_\_\_\_\_  
4. Twin, triplet, or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_

9. Full name of FATHER Unknown

18. Full name of MOTHER Gertrude Lars

10. Residence (usual place of abode) (If nonresident, give place and State) \_\_\_\_\_

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

11. Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (Years)

20. Occupation Housewife 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) \_\_\_\_\_ (State or country) \_\_\_\_\_

22. Birthplace (city or place) \_\_\_\_\_ (State or country) Mexico

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

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

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

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 \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

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 time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation 6 months \_\_\_\_\_ 29. Cause of stillbirth Unknown Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated \_\_\_\_\_ (Born or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this report. }  
Given name added from 099-1126-732 (Date of) \_\_\_\_\_

Signature Thos. S. Bryant M.D.  
or \_\_\_\_\_ Midwife  
Address Miami Ave.  
Filed Nov 26 1931 Charles P. Brown Registrar

Registrar

MARGIN RESERVED FOR BINDING  
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.