ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114

Registered No. 91

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village .....

City Hayden No. ..... St. ..... Ward

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

2. Full name of child Amy Louise McZorn (If child is not yet named, make supplemental report, as directed)

3. Sex Female | 3. Plural births | 4. Twin, triplet, or other ..... | 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Dec 23 1931 (Month, day, year)

FATHER

9. Full name Elbert McZorn

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

11. Color or race White | 12. Age at last birthday 39 (Years)

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

OCCUPATION

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

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

16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Martha Pahl

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

20. Color or race White | 21. Age at last birthday 26 (Years)

22. Birthplace (city or place) Junction City (State or country) Ark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, 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 ....., 19.... | 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 4 (b) Born alive but now dead ..... (c) Stillborn .....

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 ..... (Born alive or ~~stillborn~~) at 11 57 m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B Hurst, M.D.

or ....., Midwife

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

Address Hayden Arizona

Filed Dec 24, 1931 [illegible] Registrar

145-1223-473

Registrar

N. B.—Add birth data in order of birth stated.