

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **96**

Registered No. _____

1. PLACE OF BIRTH

County **Gila** State _____
 Township **Clayton** or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give name and number. If child is not yet named, make report, as directed)

2. Full name of child

Sylvia Allen Thomas

Sex **Female** If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legit _____ 8. Date of birth **Jan 4 1932**
 5. Number, in order of birth _____ Full term _____

9. Full name

Alex Thomas FATHER

18. Full maiden name

Grace R Curtis MOTHER

10. Residence (usual place of abode)

Clayton White

19. Residence (usual place of abode)

Clayton White

12. Age at last birthday **38** (Years)

21. Age at last birthday **24** (Years)

13. Birthplace (city or place)

Charleston W. Va.

22. Birthplace (city or place)

Eden Arizona

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

Employer

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

Homemake

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

1931

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

1931

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **5** (b) Born alive but now dead **0** (c) Stillborn **0**

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 **69** m. on the date above stated

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

Alma Roy Taylor M. D.
 (Signed) _____
 or **Maureen** Midwife

Given name added from a supplemental report _____ (Date of) _____
232-104-732
 Registrar

Address _____
 Filed **Jan 7 1932** **Charles E. Brown** Registrar