ARIZONA STATE BOARD OF HEALTH

150

State File No. .....

Registered No. 32

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Graham State Arizona

Township Safford or Village Thatcher

City Thatcher No. ..... St. ..... Ward

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

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

3. Sex Boy | If plural births: 4. Twin, triplet or other — 5. Number, in order of birth 5 | 6. Premature — Full term yr | 7. Legitimate? yr | 8. Date of birth 2-20-1932 (Month, day, year)

FATHER

9. Full name Benjamin H. Burnett

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

11. Color or race White | 12. Age at last birthday 31 (Years)

13. Birthplace (city or place) ..... (State or country) Oklahoma

OCCUPATION

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

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

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work —

MOTHER

18. Full maiden name Dolores Moody

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

20. Color or race White | 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) ..... (State or country) Ariz

OCCUPATION

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

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 5 (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation no 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 1230 P m. on the date above stated

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

(Signed) N. E. Platt M. D.

or ..... Midwife

Address Safford Ariz

Filed 8/8/, 1932 J. N. Stratton Registrar.

By O. H. Lopez

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

023-220-448

Registrar.