

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. **143**  
Registered No. ....

**1. PLACE OF BIRTH**

County Gila State .....

Township .....

City Winkelman or Village .....

St. .... Ward .....

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

**2. Full name of child** Kameron Smith If child is not yet named, make supplemental report, as directed

**3. Sex** Male If plural births **4. Twin, triplet, or other** .....

**6. Premature** .....

**7. Legitimate** Yes Full term .....

**8. Date of birth** Mar 23, 1927 (Month, day, year)

**9. FATHER name** Charlie Smith FATHER

**18. Full maiden name** Sarven Huenda MOTHER

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

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**11. Color of race** Mex **12. Age at last birthday** 44 (Years)

**20. Color of race** Mex **21. Age at last birthday** 38 (Years)

**13. Birthplace (city or place)** Deer Valley, Ariz (State or country)

**14. Birthplace (city or place)** Winkelman, Ariz (State or country)

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

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

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

**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** .....

**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 11 (b) Born alive but now dead 1 (c) Stillborn .....

**28. If stillborn, period of gestation** .....

**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 .....

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

(Signed) Charles B. Hueston D. ....

Given name added from a supplemental report. (Date of) 928-323-341

or .....

Address Winkelman Ariz

Filed April 6, 1927 Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, with the number of children in order of birth stated.