

659

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County Yavapai State Arizona
Township or Village Cottonwood
City No. St. Ward

2. Full name of child. Normagen Malone { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births { 4. Twin, triplet, or other. None 6. Premature 7. Legitimate? yes 8. Date of birth 3-19 1932
5. Number, in order of birth Two Full term? X (Month, day, year)

9. Full name **FATHER**
Geo Franklin Malone

16. Full maiden name **MOTHER**
Irene Duke

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

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(If nonresident, give place and State) Arizona

11. Color or race. White 12. Age at last birthday 23 (Years)

20. Color or race. White 21. Age at last birthday 28 (Years)

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

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

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

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

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 19.....

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19.....

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 { 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 alive at 10:00 a.m. on the date above stated (Born alive or stillborn)

(Signed) J. T. Taylor M. D.

or Cottonwood Midwife

Address Cottonwood Filed 3-19 1932 J. T. Taylor Registrar

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

Given name added from a supplemental report. 545-319-942 (Date of) 9-4-32 Registrar.

N. K.—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.