

ARIZONA STATE BOARD OF HEALTH

State File No. 128

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. 71

1. PLACE OF BIRTH

County Pima 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 Paul Lardo Hains If child is not yet named, make supplemental report, as directed

3. Sex Male Male Female
 4. Twin, triplet, or other 2
 5. Number, in order of birth 1
 6. Premature Full term
 7. Legitimate illegitimate
 8. Date of birth May 14 1932
(Month, day, year)

FATHER
 9. Full name Charles Hains
 10. Residence (usual place of abode) Hayden, Ariz.
(If nonresident, give place and State)
 11. Color or race White
 12. Age at last birthday 40 (Years)
 13. Birthplace (city or place) Priddy, Tenn.
(State or country)
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
 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
 16. Full maiden name Alfie Schrier
 19. Residence (usual place of abode) Hayden, Ariz.
(If nonresident, give place and State)
 20. Color or race White
 21. Age at last birthday 36 (Years)
 22. Birthplace (city or place) Del Rio, Texas
(State or country)
 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. wife
 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 7 (b) Born alive but now dead _____ (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 _____ at 6:30 a.m. on the date above stated
(Born alive or stillborn)

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

(Signed) Charles H. Hains Midwife
 or _____
 Address Hayden, Arizona

Given name added from a supplemental report _____ (Date of) _____
682-511-120
 Registrar

Filed May 18 1932 4572 Paul Registrar