

ARIZONA STATE BOARD OF HEALTH

129

BUREAU OF VITAL STATISTICS

State File No. _____

STANDARD CERTIFICATE OF BIRTH

Registered No. 22

1. PLACE OF BIRTH

County Gila State Arizona
 Township _____ or Village _____
 City Rayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child, Mary Francis Haines If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other? _____ 5. Number, in order of birth 2 6. Premature Full term _____ 7. Legitimate? Yes 8. Date of birth May 14, 1934
(month, day, year)

9. Full name Charles T. Hains FATHER
 10. Residence (usual place of abode) Rayden, Ariz.
(If nonresident, give place and State)
 11. Color or race White
 12. Age at last birthday 40 (Years)
 13. Birthplace (city or place) Brady Texas
(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 _____

18. Full maiden name Abbe Schriers MOTHER
 19. Residence (usual place of abode) Rayden, 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. None
 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 8 (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 _____ at _____ m. on the date above stated (Born alive or stillborn) 7:00

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

(Signed) Charles B. Husted, M.D.

Given name added from a supplemental report _____ (Date of) _____
587-911-122 Registrar

Address Rayden Arizona
 Filed May 18, 1934 Registrar