

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 104

Registered No. 77

1. PLACE OF BIRTH

County Gila

State Arizona

Township Hayden

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 Charles Robert Jones

{ 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

8. Date of birth

5. Number, in order of birth

Full term

male

(Month, day, year) Aug 14, 1932

9. Full name

FATHER

16. Full maiden name

MOTHER

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

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

11. Color or race White

12. Age at last birthday 30 (Years)

20. Color or race White

21. Age at last birthday 24 (Years)

13. Birthplace (city or place)

(State or country) Texas

22. Birthplace (city or place)

(State or country) Ohio

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

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

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. His

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

19

17. Total time (years) spent in this work

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 4 (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 7:10 P at 7:10 P m. on the date above stated (Born alive or stillborn)

(Signed) Charles R. Smith

or

Address Hayden Ariz

Filed Aug 17, 1932

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.

332-814-923

(Date of)

Registrar