

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 249

Registered No. 249

1. PLACE OF BIRTH

County Gila State Arizona  
 Township Clayton or Village Cottonwood  
 City Clayton No. 1 St. 1st Ward 1  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Mary Carella (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births None 4. Twin, triplet, or other None 5. Number in order of birth 1  
 6. Premature Full term 7. Legitimate Yes 8. Date of birth Nov 21 32  
 (Month, day, year)

9. Full name of FATHER Edward Carella 18. Full name of MOTHER Summer Moss

10. Residence (usual place of abode) Miami 19. Residence (usual place of abode) Miami  
 (If non-resident, give place and state)

11. Color of child White 20. Color of mother White  
 12. Age at last birthday 26 (Years) 21. Age at last birthday 24 (Years)

13. Birthplace (city or town, county, state or country) Belton, Tex., N.M. 22. Birthplace (city or town, county, state or country) Suffolk, Va.

OCCUPATION 14. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Unemployed 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. Unemployed 24. Industry or business in which work was done, as own home, lawyer's office, etc. Housewife  
 16. Date (month and year) last engaged in this work Never 25. Date (month and year) last engaged in this work Never  
 17. Total time (years) spent in this work 19 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 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Before labor  
 Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11 a.m. on the 21st day of Nov in the year 1932 at the place above stated.

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

(Signed) Robert G. Gaylor M. D.

or Miami Midwife

Given name added from a supplemental report 521-1121-742  
 (Date of)

Address Miami

Filed Dec 30 1932 Registrar [Signature]

Registrar