

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **103**
Registered No. **247**

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village Duncan, Ariz.
City Miami No. High School Hill St. Route 1 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Marcia Ruth Pace

{ If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other.	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec. 15, 1932</u> (Month, day, year)
		5. Number, in order of birth	Full term		

9. Full name Hyrum Martin Pace **FATHER**

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

11. Color or race Cauc. **12. Age at last birthday** 32 (Years)

13. Birthplace (city or place) Thatcher, Ariz.
(State or country)

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

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 Melba Duke **MOTHER**

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

20. Color or race Cauc. **21. Age at last birthday** 26 (Years)

22. Birthplace (city or place) Thatcher, Arizona
(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.

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 3
(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 _____

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 born alive at 9:55 P. 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) Cyril M. Brown, M.D. _____, M.D.

Given name added from a supplemental report. _____ (Date of) _____
475-1215-445
Registrar.

or _____, Midwife
Address Miami, Arizona
Filed Jan 15, 19 _____
Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each in order of birth stated.