

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 7111

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

2. Full name of child Patricia Rose Rice
(If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Premature No 6. Legitimate? Yes 7. Date of birth Feb 9 1933
Birth Number, in order of birth Full term Month, day, year

FATHER
10. Full name Alber Rice
11. Residence (usual place of abode) Hayden
(If non-resident, give place and State)
12. Color White 13. Age at last birthday 27 (Years)
14. Birthplace (city or place) Hatch
(State or country) Ariz.
15. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
16. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
17. Date (month and year) last engaged in this work _____ 18. Total time (years) spent in this work _____

MOTHER
19. Full maiden name Para Cliff
20. Residence (usual place of abode) Hayden
(If non-resident, give place and State)
21. Color White 22. Age at last birthday 25 (Years)
23. Birthplace (city or place) Garcia
(State or country) Mexico
24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
25. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
26. Date (month and year) last engaged in this work _____ 27. Total time (years) spent in this work _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks 30. 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 or stillborn) at 7:20 a.m. on the date above stated
When there was no attending physician or midwife, then the father, householder, should make this return.

(Signed) Charles H. Hunt M.D.
or _____ Midwife

Person named added from supplemental report _____ (Date of) _____
775-209-336 Registrar