

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 82a

Registered No. _____

1. PLACE OF BIRTH

County Gila

Township Claypool or Glendale or Greenlee

City Claypool No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give the NAME instead of street and number)

2. Full name of child Minnie Grace Paul { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Full term Yes
 5. Number in order of birth _____ Full term _____ 8. Date Feb 14 1933
 (Month, day, year)

9. Name of father Carl J Paul 18. Full maiden name of mother Edna Emma Meyer

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

11. Color of hair White 12. Age at last birthday 39 (Years) 20. Color of eyes Blue 21. Age at last birthday 32 (Years)

13. Birthplace (city, county, State or country) Clayton N.Y. 22. Occupation of father Bookkeeper
 (State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

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

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
 18 _____ 19 _____

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 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { 29. Cause of stillbirth _____
 { months _____ { Before labor _____
 { or weeks _____ { 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)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Marion A. Bradford M.D.

Gives name added from a supplemental report 674-314-542 or Minnie A. Bradford Midwife

Address _____ Filed 4/24 1933 C. F. Purdy Registrar.

Registrar.

NOTE: Plainly with unpadding in parentheses. SEPARATE RETURN must be made for each, and the number of each must be given in column of birth stated.