ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 102
Registered No. 21
Arizona

County Gila State Arizona

Township _____ 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 Frances Harriet Riley [If child is not yet named, make supplemental report, as directed]

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth May 7th, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name George Riley,	18. Full maiden name Dorothy Louise McGovern,
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona
11. Color or race White 12. Age at last birthday 37 (Years)	20. Color or race White 21. Age at last birthday 24 (Years)
13. Birthplace (city or place) Llano, (State or country) Texas.	22. Birthplace (city or place) Bracketville, (State or country) Texas.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flotation Operator	OCCUPATION 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. Copper Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work March, 1933 17. Total time (years) spent in this work 8	25. Date (month and year) last engaged in this work May, 1933 26. Total time (years) spent in this work 6

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 _____ 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 (Born alive or stillborn) at 3:00 P. m. on the date above stated

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

Given name added from a supplemental report 698-507-445 (Date of)

(Signed) Charles B. Hurst M.D. M. D.

or _____ Midwife

Address Hayden, Arizona.

Filed May 10th 1933 W. B. Jack Registrar.

_____ Registrar.

Sht 8-17-32 MS-47048