

ARIZONA STATE BOARD OF HEALTH

3

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Pima State Arizona
Township _____ or Village _____
City St. Johns St. _____ Ward _____

2. Full name of child Lloyd Dale Goodman
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

Sex Male Male Female
 4. Twin, triplet, or other _____ 5. Premature 6. Legitimate? Yes No
 7. Date of birth June 4, 1933
(month, day, year)

3. Full name FLOYD EVERETT GOODMAN FATHER EMMA GUTH RATHBISH MOTHER
(If non-resident, give place and State)

8. Residence (usual place of abode) Merced, California 19. Residence (usual place of abode) Arizona
(If non-resident, give place and State) (If non-resident, give place and State)

10. Color White 12. Age at last birthday 24 (years) 20. Color of skin White 21. Age at last birthday 24 (years)

3. Birthplace (city or place) Clay Springs 22. Birthplace (city or place) Arizona
(State or country) (State or country)

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

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. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. 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 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 4:20 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) Marquet J. J. J. M.D.
 or _____ Midwife

Given named added from supplemental report _____
 Date of _____
375-604-599
 Registrar.

Address St. Johns, Arizona
 Filled June 4, 1933
 Registrar.