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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. ____

Arizona

1. PLACE OF BIRTH

County: Gila State:

Township: Village:

City: Miami No. 409 Street: Gibson St Ward:

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Harry Abbott

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

3. Sex: male | If plural births: 4. Twin, triplet, or other: | 5. Number in order of birth: | 6. Premature: Full term: | 7. Illegitimate? No | 8. Date of birth: Sept 2 (Month, day, year)

FATHER	MOTHER
9. Full name: Harry E. Abbott	18. Full maiden name: Isabelle Morris
10. Residence (usual place of abode) (If non-resident, give place and state): Miami	19. Residence (usual place of abode) (If non-resident, give place and state): Miami
11. Color or race: White	20. Color or race: White
12. Age at last birthday: 40 (Years)	21. Age at last birthday: 39 (Years)
13. Birthplace (city or place): (State or country): Utah	22. Birthplace (city or place): Aguascalientes (State or country): Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:	OCCUPATION 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) engaged in this work: 19	25. Date (month and year) last engaged in this work: 19
17. Total time (years) spent 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: 5 (b) Born alive but now dead: 1 (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 on the date above stated.

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

(Signed) Nelson B. Brayton M.D.

or Midwife

Address Miami Ariz

Given name added from a supplemental report (Date of)

Registrar.

Filed Sept 2 1933 Nelson B. Brayton Registrar.

BM 3-17-M MS-4748

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