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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 315

1. PLACE OF BIRTH

County Graham State Arizona
Township _____ or Village _____
City Safford No. _____ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lila Angle (If child is not yet named, make supplemental report, as directed)

3. Sex Girl | If plural births: 4. Twin, triplet or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 11, 1933 (Month, day, year)

FATHER

9. Full name Andrew Angle
10. Residence (usual place of abode) (If nonresident, give place and State) Safford.
11. Color or race White 12. Age at last birthday 33 (Years)
13. Birthplace (city or place) Duncan (State or country) Arizona
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Bereta Farnsworth
19. Residence (usual place of abode) (If nonresident, give place and State) Safford.
20. Color or race White 21. Age at last birthday 30 (Years)
22. Birthplace (city or place) Colonia Dublan (State or country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19__ 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 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 alive (Born alive or stillborn) at 7:30 A.m. on the date above stated

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

(Signed) G. W. Langdon, M. D.
or _____, Midwife
Address Safford, Arizona
Filed Jan 9, 1934 J. W. Wharton Registrar.
By O. H. Lopez

Given name added from a supplemental report _____ (Date of)

_____ Registrar.

315-1214-908