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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. .....
Registered No. 57

1. PLACE OF BIRTH

County Graham State Arizona
Township Safford 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 Etta Jenell Nuttall (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet or other Single; 5. Number, in order of birth | 6. Premature Yes; Full term | 7. Legitimate? Yes | 8. Date of birth Feb 6th, 1934 (Month, day, year)

FATHER

9. Full name J. Floyd Nuttall
10. Residence (usual place of abode) (If nonresident, give place and State) Safford, Arizona
11. Color or race White 12. Age at last birthday 38 (Years)
13. Birthplace (city or place) Arizona (State or country)

OCCUPATION

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
15. Industry or business in which work was done, as silk mill, farm, 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 Alice Bryce
19. Residence (usual place of abode) (If nonresident, give place and State) Safford, Ariz
20. Color or race White Age at last birthday 38 (Years)
22. Birthplace (city or place) Arizona (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
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 (including this child) (a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

28. Date of stillbirth ..... 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 1.20 A.M. on the date above stated.

(If there was no attending physician or midwife, the father, householder, etc., should complete the report and return it to the Registrar.)

(Signed) J. N. Shaller M. D.
or Physician, Midwife
Address Safford, Arizona
Filed March 9, 1934 J. N. Shaller Registrar
By O. H. Epes

Certificate of death was filed from 553-206-125 (Date of)

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.