ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 113 m
Registered No. .....
Arizona .....

1. PLACE OF BIRTH

County Greenlee State ARIZONA

Township ..... or Village Franklin

City ..... No. ..... St. ..... Ward

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

2. Full name of child Ruby Christensen (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 yes | 7. Legitimate? yes | 8. Date of birth July 26, 1934 (Month, day, year)

FATHER

9. Full name Marinus Christensen

10. Residence (usual place of abode) (If non-resident, give place and State) Franklin Arizona

11. Color or race white | 12. Age at last birthday 55 (Years)

13. Birthplace (city or place) (State or country) Denmark.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

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 Ozona Stinson

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

20. Color or race white | 21. Age at last birthday 41 (Years)

22. Birthplace (city or place) (State or country) Kentucky

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife in

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

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 6 (b) Born alive but now dead ✓ (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 at 2 55 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) Everett Allen, M. D.

or ....., Midwife

Address Box 231 Duncan Arizona

Filed 10-24-1934 Eugene Romney Registrar.

Given name added from a supplemental report ..... (Date of) ..... Registrar.

935-726-625

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.