

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. 477

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

County Pima State Arizona

Township _____ or Village _____

City Ajo No. New Carmelia Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate <u>yes</u>	8. Date of birth <u>May - 30</u> , 19 <u>35</u> <small>(Month, day, year)</small>
		5. Number, in order of birth _____	Full term _____		

9. Full name **FATHER**
Leonard Porter Starling

18. Full maiden name **MOTHER**
Violet Billings

10. Residence (usual place of abode) (if non-resident, give place and State) Ajo

19. Residence (usual place of abode) (if non-resident, give place and State) Ajo

11. Color or race White 12. Age at last birthday 22 (Years)

20. Color or race White 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Manchester
(State or country) Georgia

22. Birthplace (city or place) Subrock
(State or country) Texas

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Makers Helper

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine Shop

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 at present, 1935

17. Total time (years) spent in this work 6 yrs.

25. Date (month and year) last engaged in this work at present, 1935

26. Total time (years) spent in this work 3 yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead 0. (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 2:30 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) [Signature], M.D.

Given named added from 027-530 532
a supplemental report

or _____, Midwife

Katherine Wood
(Name of)
 Registrar.

Address Ajo, Ariz.
 Filed June 10 1935 Katherine Wood
 Registrar.