

ARIZONA STATE BOARD OF HEALTH

705 ✓

1. PLACE OF BIRTH

State File No. _____

BUREAU OF VITAL STATISTICS

Registered No. 157

STANDARD CERTIFICATE OF BIRTH

County Yavapai State ARIZONA

Township _____ or Village _____

City Clarkdale No. District 3, House 135 St. _____ Ward _____

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

2. Full name of child. Margaret Anne Morin { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	6. Premature <input checked="" type="checkbox"/>	7. Married? <u>Yes</u>	8. Date of birth <u>Sept. 29, 1935</u>
If plural births _____	5. Number, in order of birth _____	Full term <input checked="" type="checkbox"/>		(If child is not yet named, make supplemental report, as directed)

9. Full name Phillip Joseph Morin FATHER

18. Full name Fay Esther Venters MOTHER

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

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

11. Color or race Wh 12. Age at last birthday 46 (Years)

20. Color or race Wh 21. Age at last birthday 39 (Years)

13. Birthplace (city or place) Muskegon Michigan
(State or country)

22. Birthplace (city or place) St. Louis Missouri
(State or country)

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

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. _____

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

16. Date (month and year) last engaged in this work NOW 17. Total time (years) spent in this work 6 yrs

25. Date (month and year) last engaged in this work NOW 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 3 (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 born alive at 5:38 PM 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) Robert K. Hilton M. D.

Given name added from a supplemental report. 445-529-652
(Date of) _____

or Clarkdale, Arizona Midwife

Address _____
Filed October 18, 1935 Registrar.