536

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 84

1. PLACE OF BIRTH

County: Pinal State: ARIZONA

Township: _____ or Village: _____

City: Florence, No. Home St. _____ Ward _____

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

2. Full name of child: Alma Lorraine Haines (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 _____

7. Married? Yes

8. Date of birth: Nov 11- 35, 19____ (Month, day, year)

FATHER

9. Full name: Charles Thomas Haines

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

11. Color or race: Amer 12. Age at last birthday: 43 (Years)

13. Birthplace (city or place): Brady (State or country) Texas

OCCUPATION

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. Rancher

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Alma Abby Schrier

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

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

22. Birthplace (city or place): Del Rio Texas (State or country)

OCCUPATION

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

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

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: 3 (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 Alive (Born alive or stillborn) at 3:30 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) [illegible], M. D.

or _____, Midwife

Address [illegible]

Given name added from a supplemental report 182-111-129 (Date of)

_____ Registrar.

Filed Dec 13th, 1935 D. D. Martin Registrar.

10M—9-1-34 FORM No. 2