571

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 571

Registered No.

1. PLACE OF BIRTH

County: Pima State: ARIZONA

Township: or Village:

City: Ajo No. New Cornelia Hospital St. Ward

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

2. Full name of child: Elizabeth Ida Hindley (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. Is mother married? yes

8. Date of birth: Jan. 3, 1936 (Month, day, year)

FATHER

9. Full name: Sumner Vernon Hindley

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

11. Color or race: White

12. Age at last birthday: 28 (Years)

13. Birthplace (city or place): Colville (State or country): Washington.

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: P.D. Copper Mining Co.

16. Date (month and year) last engaged in this work: At present, 1936

17. Total time (years) spent in this work: 4 yrs

MOTHER

18. Full maiden name: Elizabeth Edmonds.

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

20. Color or race: White

21. Age at last birthday: 23 (Years)

22. Birthplace (city or place): Hachita (State or country): New Mexico.

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.: Own home

25. Date (month and year) last engaged in this work: At present, 1936

26. Total time (years) spent in this work: 6

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: 1 (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 (Born alive or stillborn) at 140 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) H. D. Atwood, M. D.

or, Midwife

Given name added from a supplemental report (Date)

Address Ajo Ariz.

Katheryne Wood Registrar.

Filed Feb. 5th, 1936 Katheryne Wood Registrar.

10M 7-19-35 Form No. 2 MS

568-103-552

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.