1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 165
Registered No. 83

County Graham State ARIZONA

Township ..... or Village .....

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

2. Full name of child Nan Marie Mattice (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplets, or other Twin Premature ..... 5. Number, in order of birth 11 Full term X | 7. Is mother married? yes | 8. Date of birth Feb. 11, 1937 (Month, day, year)

FATHER	MOTHER
9. Full name George Alt Mattice	18. Full maiden name Iris Webb
10. Residence (usual place of abode) (If non-resident, give place and State) Pima, Ariz	19. Residence (usual place of abode) (If non-resident, give place and State) Pima, Ariz
11. Color or race white 12. Age at last birthday 29 (Years)	20. Color or race white 21. Age at last birthday 27 (Years)
13. Birthplace (city or place) Pima (State or Country) Arizona	22. Birthplace (city or place) Pima (State or Country) Arizona
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattleman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housf
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. + Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	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 2 (b) Born alive but now dead 1 (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 (Born alive or stillborn) at 12:30 P.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report 545-211-962 (Date of)

(Signed) F. W. Bruller, M. D.
or ....., Midwife
Address Safford, Arizona
Filed May 13, 1937 J. H. Shatton Registrar.
By O. H. Lopez

Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag