

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. _____

Registered No. 45

STANDARD CERTIFICATE OF BIRTH

County Mohave State ARIZONA
 Township Kingman of Village _____
 City Kingman No. Mohave General Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sigrid Merna Lynne Hanhila (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births _____ 4. Twin, triplets, or other _____ 6. Premature _____ 7. Is mother married? Yes 8. Date of birth May 6, 1937, 19____
 (Month, day, year)

9. Full name Matt Oscar Hanhila FATHER 18. Full maiden name Merna Ellis MOTHER

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

11. Color or race White 12. Age at last birthday 28 (Years) 20. Color or race White 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) Finland 22. Birthplace (city or place) Arizona.
 (State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 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. Public Schools 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 _____ 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 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:05 A. 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) Walter Raze, M. D.

Given name added from a supplemental report 281-506-452 (Date of) _____ or _____ Midwife

Address Kingman, Arizona. Filed May 7, 1937, 19____ Registrar. Walter Raze Registrar.