

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 160  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
Township \_\_\_\_\_ or Village Miami  
City \_\_\_\_\_ No. \_\_\_\_\_ St. M. S. Hosp. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** \_\_\_\_\_

If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplets, or more _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Is mother married? <u>Yes</u>	8. Date of birth <u>Oct 24</u> , 19 <u>37</u> (Month, day, year)
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**9. Full name of FATHER**  
Paul Davis

**10. Full maiden name of MOTHER**  
Marjorie Jewel Coussert

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

**11. Residence (usual place of abode)**  
(if non-resident, give place and State) Claypool

**11. Color or race** White **12. Age at last birthday** 31 (Years)

**12. Color or race** White **13. Age at last birthday** 28 (Years)

**13. Birthplace (city or place)**  
(State or Country) Crossley Mo.

**14. Birthplace (city or place)**  
(State or Country) Piggot Ark.

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

**15. 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.** mine

**16. Industry or business in which work was done, as lawn mow, lawyer's office, silk mill, etc.** home

**16. Date (month and year) last engaged in this work** now **17. Total time (years) spent in this work** 24 1/2

**17. Date (month and year) last engaged in this work** still **18. Total time (years) spent in this work** 16 yr.

**27. Number of children of this mother**  
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

**28. If stillborn, period of gestation** 9 months or weeks **29. Cause of stillbirth** Knot in cord  
Before labor  During labor

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 11 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) P. Harris M. D.  
Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Address Miami, Ariz  
Filed Nov 3 W. S. Bryant Registrar

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.

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