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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 1101

1. PLACE OF BIRTH

County: Pima State: ARIZONA

Township _____ or Village _____

City: Tucson No. St. Mary's Hospital St. _____ Ward

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

2. Full name of child: Thomas Edward Smith (If child is not yet named, make supplemental report, as directed)

3. Sex: M

If plural births: 4. Twin, triplets, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term: yes

7. Is mother married? yes

8. Date of birth: October 18, 1937 (Month, day, year)

FATHER

9. Full name: Thomas Baker Smith

10. Residence (usual place of abode) (If non-resident, give place and State): 427 E. 19th St.

11. Color or race: W

12. Age at last birthday: 47 (Years)

13. Birthplace (city or place): Petrola (State or Country): Canada

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Southern Pacific

16. Date (month and year) last engaged in this work: Present, 1937

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

MOTHER

18. Full maiden name: Mary Louise Leftault

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

20. Color or race: W

21. Age at last birthday: 27 (Years)

22. Birthplace (city or place): Bisbee (State or Country): Arizona

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.: Home

25. Date (month and year) last engaged in this work: Present, 1937

26. Total time (years) spent in this work: 10 mos.

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

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 (Born alive or stillborn) at 5:05 p.m. on the date above stated

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

(Signed) R. T. Smith, M. D.

or _____, Midwife

Address _____

Given name added from a supplemental report _____ (Date of)

Filed 11-2-37, 19 _____ Registrar

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 is order of birth stated.

10M—6-12-36—MS—Form 2—100% Rag

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