

# ARIZONA STATE BOARD OF HEALTH

741

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 78.C

County Yavapai State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Prescott No. Mercy Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Coulter Gawen Anderson { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births	4. Twin, triplets, or other	6. Premature	7. Is mother married? <u>Yes</u>	8. Date of birth <u>April 1, 1938</u> (Month, day, year)
		5. Number, in order of birth <u>1</u>	Full term <u>Yes</u>		

9. Full name FATHER  
Coulter Anderson

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

11. Color or race White 12. Age at last birthday 32 (Years)

13. Birthplace (city or place) Deming  
(State or Country) New Mexico

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

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

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER  
Mary Miller Armstrong

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

20. Color or race White 21. Age at last birthday 30 (Years)

22. Birthplace (city or place) Manhattan,  
(State or Country) Kansas

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.

25. Date (month and year) last engaged in this work \_\_\_\_\_ 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 \_\_\_\_\_ { 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 at 3-45 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) [Signature], M. D.

Given name added from supplemental report 315-401-417 (Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife

Address Prescott, Arizona

Filed April 15, 1938 Joe P. McNally Registrar.