

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 668  
Registered No. 562

1. PLACE OF BIRTH

County Pima State ARIZONA  
Township Lucas or Village \_\_\_\_\_  
City Lucas No. Stark's Nest St. \_\_\_\_\_ 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 Male If plural births \_\_\_\_\_ 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Is mother married? Yes 8. Date of birth May 20 1935  
5. Number, in order of birth \_\_\_\_\_ Full term Yes

9. Full name Maxie L. Allen FATHER  
10. Residence (usual place of abode) Home, Arizona  
(If non-resident, give place and State)  
11. Color or race W. 12. Age at last birthday 31 (Years)

18. Full maiden name Marie Houston MOTHER  
19. Residence (usual place of abode) Same  
(If non-resident, give place and State)  
20. Color or race W. 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Texas  
(State or Country)

22. Birthplace (city or place) Texas  
(State or Country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Inspector  
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 \_\_\_\_\_ 19\_\_\_\_  
17. Total time (years) spent in this work 1 1/2

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, artist, nurse, clerk, etc. \_\_\_\_\_  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife  
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 2  
(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 11:30 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. }

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

415-226-442

(Signed) Dr. Fitzgerald, M. D.  
or \_\_\_\_\_, Midwife

Address Box 27 61

Filed 6-3- 1938 L. H. Howard 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.