

## ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## STANDARD CERTIFICATE OF BIRTH

County Navajo State ARIZONA

Township \_\_\_\_\_ of Village \_\_\_\_\_

City Lakeside No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_2. Full name of child Clairce Gillespie { If child is not yet named, make supplemental report, as directed3. Sex F. If plural births { 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Is mother married? yes 8. Date of birth 12/30/38, 19\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_ Full term ✓ (Month, day, year)9. Full name Verl Ellis Gillespie FATHER10. Residence (usual place of abode) Lakeside, Ariz  
(If non-resident, give place and State)11. Color or race White 12. Age at last birthday 20 (Years)13. Birthplace (city or place) Cotter  
(State or Country) Arizona14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common Laborer16. Date (month and year) last engaged in this work Dec 193817. Total time (years) spent in this work 4 yrs18. Full maiden name Jeannette Clairance Frost MOTHER19. Residence (usual place of abode) Lakeside Ariz  
(If non-resident, give place and State)20. Color or race White 21. Age at last birthday 18 (Years)22. Birthplace (city or place) Snowflake  
(State or Country) Arizona23. 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 Dec 193826. Total time (years) spent in this work 2 yrs27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

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 alive at 3:30 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. }

(Signed) J. N. Keywood, M. D.

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

Given name added from a supplemental report \_\_\_\_\_

Address SnowflakeFiled Jan 9, 1939 Loette E. Hansen, Registrar.

Registrar.