

1873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

PLACE OF BIRTH: County Gila State ARIZONA
Township _____ or Village _____
City _____ No. _____

Full name of child FAULL (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
{ If child is not yet named, make supplemental report, as directed.

Sex Male *M* If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Sept. 8, 1887 193
5. Number, in order of birth _____ Full term _____

FATHER
Full name Jas. P. Faull
Residence (usual place of abode) _____
(If nonresident, give place and State) _____
Color or race _____ 12. Age at last birthday _____ (years)
Birthplace (city or place and State or country): _____

MOTHER
18. Full maiden name _____
19. Residence (usual place of abode) _____
(If nonresident, give place and State) _____
20. Color or race _____ 21. Age at last birthday _____ (years)
22. Birthplace (city or place and State or country): _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 _____ 193
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
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 _____ 193
26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
Before labor _____ During labor _____

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)
When there was no attending physician or midwife, then the father, householder, should make this return.
Name added from _____ (Date of) _____
Address _____
Filed 10-3-1887 193

Registrar. _____ Registrar.

063-905-000