

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

County Gila State ARIZONA

Registered No. _____

Township _____ or Village _____

City _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward. _____

Full name of child HOUSE (If child is not yet named, make supplemental report, as directed.)

Sex <u>Male</u> <i>M</i> <small>If plural births</small>	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? _____	8. Date of birth <u>June 30, 1888</u> , 193
	5. Number, in order of birth _____	Full term _____		(Month, day, year)

Full name FATHER
W. W. House

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): _____

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 _____

18. Full maiden name MOTHER
Lizzie House

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): _____

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)

(Signed) J. W. Largent M. D.

or _____ Midwife

Address _____

Filed July 5, 1888

Registrar _____

085-630-385