

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No.

PLACE OF BIRTH:

County Gila State ARIZONA
Township or Village
City No. Ward.

Registered No.

Full name of child SPENCE (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. Ward.

Sex Male *M* *If plural births* { 4. Twin, triplet, or other 6. Premature 7. Legitimate? 8. Date of birth July 21, 1889 193
5. Number, in order of birth Full term (Month, day, year)

FATHER
Full name W. E. Spence
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

MOTHER
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):
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

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)
a supplemental report
(Signed) J. W. Largent M. D.
or Midwife
Address
Filed 7-21-1889 193
Registrar. Registrar.

25-721-000