

1888

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 GUNN (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 Oct. 19. 1889 193
5. Number, in order of birth _____ Full term _____

FATHER
Full name Chancy Gunn
Residence (usual place of abode) _____
(If nonresident, give place and State) _____

MOTHER
18. Full maiden name _____
19. 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): _____

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. _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 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
I hereby certify that I ~~am~~ 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. (Signed) J. W. Largent M. D.
Name added from _____ or _____ Midwife
a supplemental report _____ Address _____
(Date of) _____

Filed 10-23-1889 Registrar. _____

075-1019-100