

11224

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

Registered No. _____

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

Full name of child RYAN { If child is not yet named, make supplemental report, as directed.

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

Full name Wm. Ryan FATHER
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
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.

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

Name added from a supplemental report _____ (Date of) _____

or _____ Midwife
Address _____

Filed 10-23-89, 193

Registrar. _____ Registrar. _____

194-1021-000