

1896

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH:

County Gila

Township

City

State

ARIZONA

or Village

State File No. _____

Registered No. _____

Full name of child

LARGENT

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. _____ Ward _____

Sex Female

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate?

8. Date of birth

Feb. 8, 1890

193

Full name

J. W. Largent

FATHER

18. Full maiden name

MOTHER

Residence (usual place of abode)
(If nonresident, give place and State)

19. Residence (usual place of abode)
(If nonresident, give place and State)

Color or race

12. Age at last birthday

(years)

20. Color or race

21. Age at last birthday

(years)

Birthplace (city or place and State or country):

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

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

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

I hereby certify that I report attended the birth of this child, who was _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(Born alive or stillborn)

at _____ m. on the date above stated.

(Signed)

J. W. Largent

M. D.

or

Midwife

Address _____

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Registrar

33-208-700