

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

PLACE OF BIRTH: 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 ELLISON (If child is not yet named, make supplemental report, as directed.)

Sex Male *M* If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth April 2, 1890 193
5. Number, in order of birth _____ Full term _____ mate? _____ (Month, day, year)

FATHER		MOTHER	
18. Full name	<u>P. G. Ellison</u>	18. Full maiden name	
19. Residence (usual place of abode) (If nonresident, give place and State)		19. Residence (usual place of abode) (If nonresident, give place and State)	
20. Color or race		20. Color or race	
21. Age at last birthday (years)		21. Age at last birthday (years)	
22. 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.		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
	19 <u>3</u>		19 <u>3</u>

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)
When there was no attending physician or midwife, then the father, householder, should make this return.
(Signed) J. W. Largent, M. D.
or _____, Midwife
Address _____
Filed 4-8-1890, 193 Registrar.

055-402-000