

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH:

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

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

Sex Male <sup>M</sup> If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_ 8. Date of birth Aug. 4, 1890 199  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_

Full name of FATHER Ben FOX MOTHER MOTHER

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 \_\_\_\_\_ 199  
17. 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 \_\_\_\_\_

**report** I hereby certify that ~~attended~~ the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn) at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, should make this return. Name added from supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) J. W. Targent M. D.

Address \_\_\_\_\_ Midwife \_\_\_\_\_

Filed 8-29-1890 Registrar \_\_\_\_\_

66-804-030