

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 COOK { 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 Sept. 10, 1890, 193
5. Number, in order of birth _____ Full term _____ mate? _____ (Month, day, year)

FATHER		MOTHER	
Full name <u>E. H. Cook</u>		Full maiden name _____	
Residence (usual place of abode) (If nonresident, give place and State) _____		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. _____		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 _____, 19 <u>3</u>	17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19 <u>3</u>	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 or During labor }

I hereby certify that I ~~attended~~ ^{report} 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. Name added from a supplemental report _____ (Date of)

(Signed) J. W. Largent, M. D.
or _____, Midwife
Address _____
Filed 9-18-1890, 193 Registrar.

2-910-000