

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

1. PLACE OF BIRTH:

County Gila State ARIZONA
Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____

Registered No. _____

2. Full name of child TEMPLE (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex Male *M* *If plural births* { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____
5. Number, in order of birth _____ Full term _____ 8. Date of birth Nov. 9, 1891, 193
(Month, day, year)

9. Full name of FATHER <u>Harry Temple</u>		18. Full maiden name of MOTHER	
10. Residence (usual place of abode) (If nonresident, give place and State)		19. Residence (usual place of abode) (If nonresident, give place and State)	
11. Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
13. 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 _____ 193	17. Total time (years) spent in this work _____	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.
Name added from _____ (Date of) _____
(Supplemental report)
(Signed) J. W. Largent, M. D.
or _____, Midwife
Address _____
Filed 11-30-91, 193 _____
Registrar. Registrar.

135-1109-002