

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 Globe No. _____

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

Sex male *F* *If plural births* { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____
5. Number, in order of birth _____ Full term _____ Date of birth Dec. 26, 1893 193
(Month, day, year)

FATHER
Full name Bailey, Alonzo
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 _____ 193
17. Total time (years) spent in this work _____

MOTHER
18. Full maiden name _____
19. Residence (usual place of abode) _____
(If nonresident, give place and State) _____
20. Color or race _____ 21. Age at last birthday _____ (years)
22. Birthplace (city or place and State or country): _____
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 _____ 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 _____

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) T. S. Collins M. D.
Name added from _____ or _____ Midwife
supplemental report _____ (Date of) _____
Address _____
Filed 9-29-1894 193
Registrar. Registrar.

028-1226-055