

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

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

PLACE OF BIRTH:

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

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

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

2. Sex Female *If plural births* 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_ 8. Date of birth Feb. 1, 1894 193

9. Full name of FATHER J. H. Thompson 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 \_\_\_\_\_ 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 \_\_\_\_\_

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 the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn) at \_\_\_\_\_ on the date above stated.

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 a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_ or \_\_\_\_\_ Midwife

Address \_\_\_\_\_ Registrar. Filed 9-29-94 193 Registrar.

235-101-150