

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

PLACE OF BIRTH: County Gila State ARIZONA
Township _____ City Glabe or Village _____ No. _____

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

Sex F *If plural births* { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth June 21, 1894 193 (Month, day, year) *If child is not yet named, make supplemental report, as directed.*

FATHER
Full name W. W. Raines
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): _____

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): _____

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 _____

OCCUPATION
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 _____

I hereby certify that I report 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. *same added from supplemental report* (Date of) _____
(Signed) T. S. Collins, M. D. Midwife
Address _____
Filed 9-29-1894 193 Registrar.

097-621-600