

1957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

Registered No. _____

County Gila State ARIZONA
Township _____ or Village _____
City Globe No. _____

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

Sex Male Twin *If plural births* 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth June 25, 1894 193
5. Number, in order of birth _____ Full term _____

FATHER
Full name Harry Temple
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
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 or 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)
(Signed) T. S. Collins M. D.
or _____ Midwife
Address _____
File 9-29-94 _____, 193
Registrar. _____ Registrar.

035-625-219