

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

3. Sex Female *F* *If plural births* 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Sept. 9, 1894 193
(Month, day, year)

9. Full name of FATHER D. L. Heron

18. Full maiden name of MOTHER Villie Heron

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

25. Date (month and year) last engaged in this work _____ 193

17. Total time (years) spent 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 _____ During labor _____

report I hereby certify that I 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. Name added from _____ (Date of) _____

(Signed) T. S. Collins, M. D. _____ or _____, Midwife
Address _____
Filed 9-29-1894, 193 _____ Registrar.

FORM 6 10M 6-25 -32 MB 48640

085-909-555