

2 1 1 3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

Registered No. _____

County Apache State ARIZONA
Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____

1. Full name of child GIBBONS (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____
5. Number, in order of birth _____ Full term _____ mate? _____ 8. Date of birth Sept. 3, 1888 193
(Month, day, year)

9. Full name of FATHER Wm. H. Gibbons
10. Residence (usual place of abode) (If nonresident, give place and State) _____
11. Color or race _____ 12. Age at last birthday _____ (years)
13. 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 _____

18. Full maiden name of MOTHER _____
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 _____ }

record 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, or other person should make this return. Name added from supplemental report _____ (Date of) _____
(Signed) Wm. H. Gibbons (Rather) M. D.
or _____ Midwife
Address _____
Filed _____, 193 _____ Registrar.

5719-908-522