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1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 81

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

2. Full name of child Samuel C. Atkinson
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex <u>Male</u>	If plural births	4. Twin, triplets, or other <u>single</u>	6. Premature _____ Full term <u>yes</u>	7. Is mother married? <u>yes</u>	8. Date of birth <u>April 14</u> , 19 <u>04</u> (Month, day, year)
9. Full name <u>Samuel J. Atkinson</u> FATHER		18. Full maiden name <u>Bessie J. Atkinson</u> MOTHER			

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Globe</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Globe</u>
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11. Color or race <u>White</u>	12. Age at last birthday <u>5.6</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>20</u> (Years)
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13. Birthplace (city or place) (State or Country) <u>Illinois</u> <u>Centralia, Illinois</u>	22. Birthplace (city or place) (State or Country) <u>Redditch</u> <u>Essex, England</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mines</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>own home</u>
	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 _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at _____ on the date above stated

(Signed) M. A. Atkinson, M. D.
or _____, Midwife

Address Globe, Arizona
Filed April 14, 1904
July 14, 1906
Registrar _____