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ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
 County Graham State ARIZONA
 Township _____ or Village _____
 City San Jose No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nelson, Polly { If child is not yet named, make supplemental report, as directed
 3. Sex F If plural births 4. Twin, triplet, or other _____
 5. Number, in order of birth _____ 6. Premature _____ Full term _____
 7. Married? yes 8. Date of birth Dec. 21, 1903, 19____
(Month, day, year)

9. Full name Nelson, Wm. L. FATHER
 10. Residence (usual place of abode) (If non-resident, give place and State) _____
 11. Color or race Cal 12. Age at last birthday 43 (Years)
 13. Birthplace (city or place) Utah
(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 _____, 19____ 17. Total time (years) spent in this work _____

18. Full maiden name Annie Bennett MOTHER
 19. Residence (usual place of abode) (If non-resident, give place and State) _____
 20. Color or race _____ 21. Age at last birthday 35 (Years)
 22. Birthplace (city or place) Utah
(State or country)
 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 _____, 19____ 26. Total time (years) spent in this work _____

7. Number of children of this mother (6th)
(At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
 8. 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 _____ m. on the date above stated
(Born alive or Stillborn)
 When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 (Signed) Lacy _____, M. D.
 or _____, Midwife
 Address _____
 Filed Jan. 19, _____, 1903 J.H. Lacy
 Registrar. Registrar.

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