

2744

SUPPLEMENT ATTACHED

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

State File No. _____
Registered No. _____

1. PLACE OF BIRTH
County Graham State ARIZONA
Township _____
City Thatcher or Village _____

2. Full name of child Smith, Eva (If both occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

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 Feb. 16, 1904 19____ (Month, day, year)

9. Full name Smith, Mitchel V. FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) _____
11. Color or race Cau 12. Age at last birthday 34 (Years)
13. Birthplace (city or place) _____ (State or country) Utah

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 _____ 17. Total time (years) spent in this work _____

18. Full maiden name Joanno Hendricks S. MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race _____ 21. Age at last birthday 27 (Years)
22. Birthplace (city or place) _____ (State or country) Kentucky

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 _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother 3rd (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

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

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)

(Signed) _____ M. D.
or Esth Merrill _____, Midwife
Address _____
Filed Mar. 16, 1904 W. E. Platt Registrar.

10M-9-1-34 FORM No. 2

528-216-1128