

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

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

Full name of child Cluff
Sex female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ Full term _____ 7. Married? _____ 8. Date of birth Sept 16th, 1906
(Month, day, year) { If child is not yet named, make supplemental report, as directed

FATHER
Full name Cluff, Moses A
Residence (usual place of abode) (If non-resident, give place and State) _____
Color or race Cauc 12. Age at last birthday _____ (Years)
Birthplace (city or place) _____ (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 _____

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

Number of children of this mother 11th 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. }

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, midwife, then the father, householder, should make this return.
Name added from _____ (Date of) _____
Supplemental report _____
(Signed) Olin McFate, M. D.
or _____, Midwife
Address _____
Filed _____, 19 Olin McFate
Registrar. Registrar.