

1. PLACE OF BIRTH

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

State File No. _____
Registered No. _____

County Graham
Township _____
City Pima

State ARIZONA
or Village _____

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

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Married? _____ 8. Date of birth Dec 13th, 1906 (Month, day, year) _____ { If child is not yet named, make supplemental report, as directed

9. Full name of FATHER Root, Glen G
10. Residence (usual place of abode) (If non-resident, give place and State) _____
11. Color or race Cauc 12. Age at last birthday _____ (Years)
13. Birthplace (city or place) _____ (State or country) S Dakota
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 of MOTHER Root, Maggie
19. 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) Arizona
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 _____

18. Number of children of this mother 1st (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
19. 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)

(Signed) O. P. Mueller, M. D.
or _____, Midwife
Address _____
Filed _____, 19____ O. P. Mueller
Registrar.