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CERTIFICATE AMENDED
SEE NOTATION

Child's name, father's given name and mother's maiden name all included by affidavit of the registrant and his Certificate of Blessing - 3-15-71 om

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

2. Full name of child Marshall Vance Steele Marshall (If child is not yet named, make supplemental report, as directed)

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Married? _____ 8. Date of birth June 9th, 1907
(Month, day, year)

9. Full name of FATHER Sheriff S. Marshall, Sheriff

18. Full maiden name of MOTHER Miller Marshall, Loella

10. Residence (usual place of abode) (If non-resident, give place and State) _____

19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race Cauc 12. Age at last birthday _____ (Years)

20. Color or race Cauc 21. Age at last birthday _____ (Years)

13. Birthplace (city or place) _____ (State or country) Utah

22. Birthplace (city or place) _____ (State or country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

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

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 4th
(At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

3. 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
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Olin McFate, M. D.
or _____, Midwife

Given name added from supplemental report _____ (Date of) _____

Address _____
Filed _____, 19 Olin McFate
Registrar. Registrar.