

225

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

2. Full name of child Darron { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Married? _____ 8. Date of birth Aug 7th 1907
(Month, day, year)

9. Full name FATHER
Darron, John M

18. Full maiden name MOTHER
Darron, Thula A C

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. _____
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 _____

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 5th
(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) M E Platt, M. D.

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

or _____, Midwife

Address _____
Filed _____, 19____ M E Platt

Registrar.

Registrar.