

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 _____

City Thatcher

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pace, Ivan Layton

{ 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 _____ Full term _____ 7. Married? _____ 8. Date of birth July 24th, 1908 (Month, day, year)

9. Full name FATHER Pace, Lemuel R

18. Full maiden name MOTHER _____

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)

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

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 _____

27. Number of children of this mother -- (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 _____

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) _____ H J Warner, M. D. Midwife

Address _____

Filed _____, 19____ H J Warner Registrar.