

420

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

Full name of child LINES
Sex F If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Married? _____
8. Date of birth Oct 27, 1908, 19____
(Month, day, year)

FATHER
Full name LINES, Wm. A.
Residence (usual place of abode) _____
(If non-resident, give place and State) _____
Color or race American
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
18. Full maiden name NOT GIVEN
19. Residence (usual place of abode) _____
(If non-resident, give place and State) _____
20. Color or race _____
21. Age at last birthday _____ (Years)
22. Birthplace (city or place) _____
(State or country) _____
OCCUPATION
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 _____

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 (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) Olive McFate _____ M. D.
or _____ Midwife
Address _____
Given name added from supplemental report _____ (Date of) _____
Filed _____, 19____ Olive McFate Registrar.