

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

County Graham State ARIZONA
 Township _____ or Village _____
 City Central No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex <u>F</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term	7. Married?	8. Date of birth <u>Dec 23, 1908</u> , 19__ <small>(Month, day, year)</small>
		5. Number, in order of birth			

9. Full name WHITMER, Benj. F.
FATHER

18. Full maiden name NOT GIVEN
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 American 12. Age at last birthday _____ (Years)

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

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

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

OCCUPATION
 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__

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__

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. }

Given name added from a supplemental report _____ (Date of) _____
 (Signed) W. E. Platt _____, M. D.
 or _____, Midwife
 Address _____
 Filed _____, 19__ W. E. Platt _____ Registrar.