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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Yavapai State ARIZONA
Township Near Camp Verde or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Ida Dayle Smith (If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed

3. Sex female If plural births _____ 4. Twin, triplet, or other one 5. Number, in order of birth _____
6. Premature yes Full term _____ 7. Is mother married yes 8. Date of birth May 11 1880, 19____
(Month, day, year)

9. Full name FATHER Maurice A. Smith
10. Residence (usual place of abode) near Camp Verde Yavapai Co. Ariz
(If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 24 (Years)
13. Birthplace (city or place) Joplin Mo
(State or country) U.S.A
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 3 Or 4 years
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Manda Isabelle Hutcheson
19. Residence (usual place of abode) near Camp Verde Yavapai Co. Ariz.
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 18 (Years)
22. Birthplace (city or place) Carlton, Ark.
(State or country) U.S.A.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
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 one (b) Born alive but now dead none (c) Stillborn none

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 4 A. 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) _____
Address #1141 1/2 W. 17th St Los Angeles, Cal.
Filed 9-3, 1936
Registrar Dr J Taylor

928-511-495