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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

PLACE OF BIRTH: Cochise State ARIZONA

County \_\_\_\_\_ or Village \_\_\_\_\_

Township \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

City Bisbee (If birth occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_\_  
Full name of child WEISSE { If child is not yet named, make supplemental report, as directed.

Sex M { If plural births } 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti- \_\_\_\_\_ 8. Date of birth Jan. 24, 1898 1998  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? \_\_\_\_\_ (Month, day, year)

FATHER  
Full name Fred Weisse

Residence (usual place of abode) \_\_\_\_\_  
(If nonresident, give place and State)

Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years)

Birthplace (city or place and 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 \_\_\_\_\_ 1993  
17. Total time (years) spent in this work \_\_\_\_\_

MOTHER  
18. Full maiden name \_\_\_\_\_

19. Residence (usual place of abode) \_\_\_\_\_  
(If nonresident, give place and State)

20. Color or race \_\_\_\_\_ 21. Age at last birthday \_\_\_\_\_ (years)

22. Birthplace (city or place and State or country): \_\_\_\_\_

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 \_\_\_\_\_ 1993  
26. Total time (years) spent in this work \_\_\_\_\_

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 \_\_\_\_\_

If stillborn, \_\_\_\_\_ { months } 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_  
period of gestation \_\_\_\_\_ { or weeks } \_\_\_\_\_ { During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, should make this return.

Signed) Dr. F. A. Sweet M. D.

or \_\_\_\_\_ Midwife

Name added from \_\_\_\_\_  
supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Bisbee, Ariz.

Filed 2-2-98 1998 M. J. Brown Registrar.

Registrar.

Recorder

662-124-469