1475

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH—

County: Cochise

Township _____ State: ARIZONA

City: Bisbee or Village _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward _____

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

3. Sex: F

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? _____

8. Date of birth: Jan. 14 1902 (Month, day, year), 19__

FATHER

9. Full name: D. B. Goff

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race _____ 12. Age at last birthday _____ (Years)

13. 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__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name _____

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. _____

4. 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 _____ (Born alive or stillborn) at _____ m. on the date above stated

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) _____

Registrar.

(Signed) C. L. Caven or _____, M. D.

Address Bisbee, Ariz. _____, Midwife

Filed 1-16-02, 19__ Frank Hare Registrar.

Recorder

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

FORM 6 4M 6-25-33 MS-48640