

1259

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

456

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

1. PLACE OF BIRTH

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

2. Full name of child TENNEY { If child is not yet named, make supplemental report, as directed

3. Sex F If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Married? \_\_\_\_\_ 8. Date of birth March 10, 1909, 19\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, day, year)

9. Full name FATHER TENNEY, Nathan C.

18. Full maiden name MOTHER NOT GIVEN

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)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

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 or 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) W. E. Platt, M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of)

Address \_\_\_\_\_, Midwife

Filed \_\_\_\_\_, 19\_\_\_\_ W. E. Platt Registrar.

024-310-000