

1269

3-4-1965
AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

State File No. **460**

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. _____

1. PLACE OF BIRTH

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

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

3. Sex M If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Married? _____ 8. Date of birth Mar 26, 1909, 19____
(Month, day, year)

9. Full name FATHER EMPY, Hart D.

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 _____ 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) _____

or _____, Midwife

Address _____

Filed _____, 19 W.E. Platt

Registrar.

Registrar.

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.