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

State File No. 583  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

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

2. Full name of child SANDERS { 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 May 31, 1909, 19 \_\_\_\_\_ (Month, day, year)

9. Full name SANDERS, William FATHER

18. Full maiden name NOT GIVEN MOTHER

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 \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19 \_\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_ 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) F. L. Leister, M. D.

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

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

Address \_\_\_\_\_

Filed \_\_\_\_\_, 19 \_\_\_\_\_ F. L. Leister Registrar.

022-331-000

WRITE PLAINLY IN INK. THIS IS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated. 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.