

2350

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

State File No. 9121
Registered No. 14

1. PLACE OF BIRTH
County Gila State ARIZONA
Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Is mother married? Yes 8. Date of birth June 21, 1913
(Month, day, year)

9. Full name Thos. Weaver FATHER

18. Full maiden name Frances Marion Coffee MOTHER

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

19. Residence (usual place of abode) Miami Ariz
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 26 (Years)

20. Color or race White 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Snyder
(State or country) Texas

22. Birthplace (city or place) Throckmorton
(State or country) Texas

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

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

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

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

16. Date (month and year) last engaged in this work June 20, 1913

25. Date (month and year) last engaged in this work June 20, 1913

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

26. Total time (years) spent in this work life

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 at 7:57 P m. on the date above stated
(Born alive or stillborn)
(Signed) A. J. Evans M. D.
or _____ Midwife
Address 410 Mack Bldg
Filed Feb. 28, 1913 Denver Colo.
Registrar. _____ Registrar.

MARGIN RESERVED FOR BINDING
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.

C. M. Cron-Registrar