

1750

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

State File No. 111a
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz
District or 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 Quene Matthews (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Apr. 21-1914
Month Day Year

3. FATHER
Full name Richard W. Matthews

1. Residence (Usual place of abode) Miami Ariz
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) England
(State or country)

13. Occupation miner
Nature of industry Copper mining

14. MOTHER
Full maiden name Ellen Jane Good

15. Residence (Usual place of abode) Miami Ariz
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) England
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)

Given name added from a supplemental report 942-461-574 Month, day, year

Address _____

Registrar

Filed _____, 19 _____

Registrar