

2561

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

State File No. 120
Registered No. 5

1. PLACE OF BIRTH

County Gila State ARIZONA
Township Miami or Village _____
City Live Oak Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maie Lucille Culver (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 Full term 7. Is mother married? Yes 8. Date of birth June 10, 1916
(Month, day, year)

FATHER
9. Full name Richard Barnes Culver
10. Residence (usual place of abode) Miami, Ariz.
(If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 40 (Years)
13. Birthplace (city or place) Bouling, Ohio
(State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Smith
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Iron
16. Date (month and year) last engaged in this work June 10, 1916
17. Total time (years) spent in this work 20

MOTHER
18. Full maiden name Anna Margaret Butler
19. Residence (usual place of abode) Miami, Ariz.
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 36 (Years)
22. Birthplace (city or place) Bismark
(State or country) North Dakota
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work June 10, 1916
26. Total time (years) spent in this work 17

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth 439-610-429
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated
(Born alive or dead)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Given name added from a supplemental report _____ (Date of) _____
Address _____
Filed Jan. 23, 1936
Registrar C. M. Crow