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

State File No. 448A
Registered No. _____
Arizona _____

PLACE OF BIRTH

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

Name of child ELWYN - GUS - PALMER (If child is not yet named, make supplemental report, as directed)

Sex M If plural births 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? 8. Date of birth 3-23- 19
5. Number, in order of birth _____ Full term (Month, day, year)

FATHER
Full name Arthur Palmer
Residence (usual place of abode) Taylor
If non-resident, give place and State _____
Color or race White 12. Age at last birthday 28 (Years)
Birthplace (city or place) Snowflake
(State or country) _____
4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
5. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 14

MOTHER
Full maiden name Enolie Augusta Gibbon
Residence (usual place of abode) St Johns Taylor
If non-resident, give place and State _____
Color or race White 21. Age at last birthday 30 (Years)
22. Birthplace (city or place) St Johns
(State or country) Apache Co.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

Number of children of this mother
Time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
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 3-23-19 at 11 P. M. on the date above stated
(Born alive or stillborn)
on there was no attending physician or midwife, then the father, householder, should make this return.
name added from supplemental report 579-323-572 (Date of) _____
(Signed) Emma S. Smith, M. D.
or _____, Midwife
Address Snowflake Ariz.
Filed May 10th 1933
Registrar. _____ Registrar. E. M. Kartchner