

926

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

State File No. 127 R

STANDARD CERTIFICATE OF BIRTH

Registered No. \_\_\_\_\_

PLACE OF BIRTH

County

Gila ✓

State

Arizona

City

or Village

Peridot

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child

Rachel Staley Smith

If child is not yet named, make supplemental report, as directed

Sex of child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Aug 9, 1922 (Month, day, year)

FATHER  
11. Full name Clarence Staley Smith

MOTHER  
14. Full maiden name Mariana Letto

12. Residence (Usual place of abode) Peridot Arizona  
If nonresident, give place and State

15. Residence (Usual place of abode) Peridot Arizona  
If nonresident, give place and State

16. Color or race Indian  
11. Age at last birthday 22 (Years)

17. Color or race Indian  
17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Peridot Arizona  
(State or country)

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(State or country)

19. Occupation Farmer  
Nature of industry

19. Occupation \_\_\_\_\_  
Nature of industry

Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Alive (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mary A. Seward  
Field Matron  
(Physician or Midwife)

When name added from supplemental report 928-809-436  
(Month, day, year)

Address Pice Arizona  
Filed \_\_\_\_\_, 19 \_\_\_\_\_