

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

State File No. 222  
 Registered No. 345

**1. PLACE OF BIRTH**

County Graham State Arizona  
 District or Township Safford or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rose Matthews { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered in event of plural births.	4. <input checked="" type="checkbox"/> Twin, triplet or other	5. No., in order of birth <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug - 30 - 1929</u> Month Day Year
----------------------------------	---	---	------------------------------------	---------------------------	---

**8. FATHER**  
 Full name Paul H. Matthews  
 9. Residence (Usual place of abode) Graham Az  
 If non-resident, give place and state. Ariz  
 10. Color or race White, Amer  
 11. Age at last birthday 27 (Years)  
 12. Birthplace (city or place) Graham Az  
 (State or country) Arizona  
 13. Occupation Farmer  
 Nature of industry \_\_\_\_\_

**14. MOTHER**  
 Full maiden name Lena Holystok  
 15. Residence (Usual place of abode) Graham Az  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race White, Amer  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Utah  
 (State or country) \_\_\_\_\_  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? _____
--	--	--------------------------------------	------------------------	---

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 11 p. 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 R. H. Stratton  
(Physician or Midwife)

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year 7-4-29-13-38.2  
 Registrar

Address \_\_\_\_\_  
 Filed Feb 9 1929 J. N. Stratton  
 Registrar H. B. G.

order of birth stated.