97

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. .....
Registered No. 77

1. PLACE OF BIRTH—

County Co c o n i n o State Ariz
Township W N Resv or Village .....
City Tu ba 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 Ann ette More 77755 (If child is not yet named, make supplemental report, as directed)

3. Sex f om a le | If plural births: 4. Twin, triplet, or other ..... 5. Number in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 6 17 31 (Month, day, year)

FATHER	MOTHER
9. Full name Losl ie Mo r e 81 508	18. Full maiden name H azel More 8 15 0 9
10. Residence (usual place of abode) (If nonresident, give place and State) T u ba Ci ty Ar iz	19. Residence (usual place of abode) (If nonresident, give place and State) Tu ba City Ari z
11. Color or race 4/4 Nav 12. Age at last birthday 4 5 (years)	20. Color or race 4/4 Nav 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country) T u b a Ci ty Ari z	22. Birthplace (city or place) (State or country) Tu ba Ci ty Ari z
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tr uck Driver	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. weaver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. u n k	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. unk
16. Date (month and year) last engaged in this work un k, 19 ..... 17. Total time (years) spent in this work u nk	25. Date (month and year) last engaged in this work un k, 19 ..... 26. Total time (years) spent in this work unk

27. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

28. If 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 bo r n all ve at u nk 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.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Given name added from a supplemental report ..... (Date of)

145 — 617 — 9145 Registrar.

Filed 6/22/31, 19 Edith Rilus Registrar.

c11—7117