ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH TACHED STANDARD CERTIFICATE OF BIRTH Registered No.... or Village.... 2. Full name of child ( If child is not yet named, make supplemental report, as directed. 3. Sex of Child To be answered ONLY 4. Twin, triplet or other. Inc. 1 6. Legitimate? in event of plural 7. Date of birth Lan. births. ) 5. No., in order of birth..... Month Dav FATHER MOTHER Full name Full maiden name 9. Residence 15. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 10. Color or race 16. Color or race II. Age at last birthday. .....(Years) 17. Age at last birthday 7 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry Nature of industry 20. Number of children of this mother Chil (a) Born alive and now living 21. Were precautions taken scainst (b) Born alive but now dead Mon (Taken as of time of birth of child herein certified and including this child). thalmia nconstorum. (c) Stillborn..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was .....m. on the date above stated. \* When there was no attending physician or midwife, then the father, householder, Signature..... etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from Filed Registrar. Registrar.