

in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

643

1. County of Pinal

BUREAU OF VITAL STATISTICS

State Index No. _____

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of _____

Local Registrar No. _____

or Casa Grande
City of _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Earl Coleman Smith

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

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate. _____

7. Date of birth 1-25-29
Month day year

Male

5. No., in order of birth. 1 yes

8. FATHER
Full name Walter C Smith

14. MOTHER
Full maiden name Lela Stanislaus

9. Residence (Usual place of abode)
If nonresident, give place and state Casa Grande

15. Residence (Usual place of abode)
If nonresident, give place and state Casa Grande

10. Color or race
White

11. Age at last birthday 57 (Years)

16. Color or race
White

17. Age at last birthday 33 (Years)

12. Birthplace (city or place)
(State or country) Ind

18. Birthplace (city or place)
(State or country) Okla

13. Occupation
Nature of industry Lawyer

19. Occupation
Nature of industry Housewife

20. 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 yes
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 4:45 a. m. on the date above stated.

*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 evidences of life after birth.

Signature J. K. Rader (Physician or midwife)

Address Casa Grande, Ariz

Given name added from a supplemental report _____
Month, day, year.

Filed Feb 6, 1929 M. V. Glass
Local Registrar.

Registrar.

Filed _____ 19____
County Registrar.

528-125-322