ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH Registered No. 1933
County State. District or Towiship J. G.S. A.F.F. Or Village. Or Vi
Full name of child supplemental report, as directed. Sex of Child To be answered ONLY in event of plural births. No., in order of birth Day Year
Full have - Maurice framell Full maiden night allogation Coll
O. Residence (Usual place of abode) Uy den (Usual place of abode) Huden (Usual place of abode) If non-resident, give place and state.
10. Color/or race 16 Color of race 17 Age at last birthday
(State or country) 12. Birthplace (city or place) (A CO Q C Q
13. Occupation (Chile 19. Occupation Nature of industry Nature of industry Nature of industry
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 the condition of the cond
CERTIFICATE OR ATI ENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was the date above stated * When there was no attending physician or midwife, then the father, householder, Signature Signature
ctc., should make this return. A stillbord child is one that neither breathes not shows other evidence of life after birth. Given name added from (Physician or Midwife).
Address O Month, day, year Filed Quy 24, 1925 G. H. Manning
Registrar