

1. PLACE OF BIRTH

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

 State File No. 253
 Registered No. 130

 County Navajo State ARIZONA
 Township Snowflake or Village _____
 City Snowflake No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Dorothy Smith

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplets, or other _____	6. Premature Full term _____	7. Is mother married? <u>yes</u>	8. Date of birth <u>April 26</u> , 19 <u>11</u> (Month, day, year)
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5. Full name <u>Hyrum Smith</u>	FATHER	14. Full maiden name <u>June A. Smith</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Snowflake</u>	19. Residence (usual place and abode) (If non-resident, give place and State)	
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11. Color or race <u>white</u>	12. Age at last birthday <u>27</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>30</u> (Years)
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13. Birthplace (city or place) (State or Country)	<u>Snowflake</u>	22. Birthplace (city or place) (State or Country)	<u>St. Joseph</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>School Teacher</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
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16. Date (month and year) last engaged in this work _____, 19 <u>11</u>	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19 <u>11</u>	26. Total time (years) spent in this work _____
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 27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn period of gestation _____ [months or weeks]	29. Cause of stillbirth _____	} Daring labor Before labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was Born alive at 2 A.m. on the date above stated
 (Born alive or stillborn)

 (Signed) _____, M. D.
 or Berna L. Smith, Midwife

 Address _____
 Filed May 30, 1911 P. R. Miller Local Registrar
6/4/1911 Geo. P. Sampson County Registrar