

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 350  
Registered No. 946

PLACE OF BIRTH  
County Maricopa State.....  
District or Township..... or Village.....  
City Phoenix, Ariz. No. .... St. .... Ward .....

Full name of child James Eugene Detwiler  
Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other..... 6. Legitimate? Yes 7. Date of birth Aug 12 27  
Month Day Year

FATHER Full name James W. Detwiler MOTHER Full maiden name Mabel Claire Varner

Residence (Usual place of abode) 717 South 1st St.  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years)  
16. Color or race White 17. Age at last birthday 22 (Years)

2. Birthplace (city or place) Mo (State or country)  
18. Birthplace (city or state) Mo (State or country)

13. Occupation Truck Driver Nature of industry  
19. Occupation Housewife Nature of industry

20. Number of children of this mother: (a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0  
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..... st. 2nd 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. B. Palmer (Physician or midwife).

Given name added from a supplemental report.....  
Address 125 W. Myrtle  
Month, day, year  
Filed 8-20 19 27  
Registrar C. B. Palmer Registrar

9119-817-459