

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 173
Registered No. 43

1. PLACE OF BIRTH

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

2. Full name of child Billy John McEwen { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature Full term _____	7. Legitimate _____	8. Date of birth <u>May 15, 1930</u> (Month, day, year)
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9. Full name <u>Nathan McEwen</u> FATHER	18. Full maiden name <u>Kate Anderson</u> MOTHER
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10. Residence (usual place of abode) (If nonresident, give place and State) <u>Hayden</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Hayden</u>
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11. Color of hair <u>White</u>	12. Age at last birthday <u>22</u> (Years)	20. Color of eyes <u>White</u>	21. Age at last birthday <u>20</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Prickettsville Ky</u>	22. Birthplace (city or place) (State or country) <u>Prickettsville Oklahoma</u>
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<p>OCCUPATION</p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rotator Operator</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Copper Mill</u></p> <p>16. Date (month and year) last engaged in this work <u>5-5-1930</u></p>	<p>OCCUPATION</p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____</p> <p>25. Date (month and year) last engaged in this work <u>5-15-1930</u></p> <p>26. Total time (years) spent in this work _____</p>
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3:00 A.M. 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.

(Signed) Charles M. Huels, M.D.

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address Hayden

Filed May 17, 1930 W.D. Nash Registrar.

Registrar.

Registrar.

245-515-2-13

WHEN CLAIMING WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.