ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 111

Registered No. 24

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 Isaac Lee Cook Jr. (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Mar 12, 1931 (Month, day, year)

FATHER

9. Full name Isaac Cook

10. Residence (usual place of abode) (If nonresident, give place and State) Hayden

11. Color or race White 12. Age at last birthday 50 (Years)

13. Birthplace (city or place) New Valdo Co (State or country) Tex

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Mill

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ora Lynes

19. Residence (usual place of abode) (If nonresident, give place and State) Hayden

20. Color or race White 21. Age at last birthday 36 (Years)

22. Birthplace (city or place) Shackelford Co (State or country) Tex

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation ..... months or weeks

29. Cause of stillbirth 932-312-632 Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 A m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Charles R Pruitt, M. D.

or ....., Midwife

Address Hayden Arizona

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

Filed Mar 14, 1931 W. H. Nash Registrar.

..... Registrar.