# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1600

Registered No. 282

1. PLACE OF BIRTH

County: Gila

State: Arizona

District or Township:

or Village: Res. 1059 Adonis Ave.

City: Miami

No. Miami - Inst. Hosp. St. Wa

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Francis William Thraen

(If child is not yet named, make supplemental report, as directed)

3. Sex of Child: Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other:

5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: Aug. 30 - 1933 (Month, Day, Year)

8. FATHER

Full name: Frank Wm. Thraen

9. Residence (Usual place of abode): Miami.

If non-resident, give place and state: Arizona.

10. Color or race: Cauc.

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Ruthven

(State or country): Iowa.

13. Occupation: Display Manager

Nature of Industry: Miami Com. Co.

14. MOTHER

Full maiden name: Virginia M. Trethew

15. Residence (Usual place of abode): Miami.

If non-resident, give place and state: Arizona

16. Color or race: Cauc.

17. Age at last birthday: 20 (Years)

18. Birthplace (city or place): Denver

(State or country): Colo.

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 2

(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 born alive (Born alive or stillborn.) at 8:30 A.m. on the date above stated.

* 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: Cyril M. Crow M.D. (Physician or midwife)

Address: Miami, Arizona.

Given name added from a supplemental report 635-830-536 Month, day, year

Registrar

Filed Oct 2, 1933 C. E. Irvin