

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 459
Registered No. 78

1. PLACE OF BIRTH

County Mohave State Arizona
Township _____ or Village Kingman
City _____ No. _____ St. _____ Ward _____

2. Full name of child Raymond Edward Sharp (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex M If plural Births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legiti- Yes mate _____ 8. Date of birth 8-15, 1934
(Month, day, year)

9. Full name Edward S. Sharp FATHER

18. Full maiden name Alta Roe MOTHER

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

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(If nonresident, give place and State) Ariz

11. Color or race W 12. Age at last birthday 24 (Years)

20. Color or race W 21. Age at last birthday 22 (Years)

13. Birthplace (city or place) Ariz
(State or country)

22. Birthplace (city or place) Ariz
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road tainer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Highway
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

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 3 (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 born alive at 1 P. 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) T. P. White, M. D.

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

or Kingman, Ariz Midwife

Address _____
Filed Aug 24, 1934 Walter Stager Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARRY... SERVED OR BINDING
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.

927-815-195