

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. **116**  
Registered No. **11**

**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** James Samuel Regodak (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate Yes 8. Date of birth Mar 9, 1932  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, day, year)

9. Full name of FATHER James Foster Regodak 10. Full name of MOTHER Bessie Ethel Spartyer

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

12. Color of race White 13. Age at last birthday 25 (Years) 20. Color of race White 21. Age at last birthday 22 (Years)

14. Birthplace (city or place) Denning 22. Birthplace (city or place) Elton  
(State or country) N.M. (State or country) Ark.

<p><b>OCCUPATION</b></p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____</p> <p>16. Date (month and year) last engaged in this work <u>3-9-1922</u></p>	<p><b>OCCUPATION</b></p> <p>23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc. <u>Home</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>3-9-1932</u></p>
<p>17. Total time (years) spent in this work <u>4</u></p>	<p>26. Total time (years) spent in this work <u>7</u></p>

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 \_\_\_\_\_ (Born alive or stillborn) at 9:00 PM on the date above stated

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

(Signed) Charles B. Burkhardt \_\_\_\_\_  
or \_\_\_\_\_ Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
1922-309-229

Address Hayden, Arizona  
Filed Mar 12, 1932 ESTP/Push  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

N. B.—In cases where more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of in order of birth stated.