

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123
Registered No. 62

1. PLACE OF BIRTH

County Tela State Arizona
Township Shobe or Village _____
City Shobe No. Tela General Hosp. St. _____
All birth records in a hospital or institution, give its NAME instead of street and number

2. Full name of child. Richard Blake Houghton If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legitimate _____	8. Date of birth <u>May 11 1932</u> <small>(Month, day, year)</small>
--------------------	------------------------	----------------------------------	------------------------------------	------------------------------------	---------------------	--

9. Full name FATHER Richard Edward Houghton 18. Full maiden name MOTHER Dorene Bell Jones

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

11. Color or race W 12. Age at last birthday 30 (Years) 20. Color or race W 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) Chihuahua Mexico 22. Birthplace (city or place) Merina Arkansas
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N.W.

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

16. Date (month and year) last engaged in this work Nov 19 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work _____ 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 2 (b) Born alive but now dead 2 (c) Stillborn 2

28. If stillborn, period of gestation 6 1/2 months or weeks 29. Cause of stillbirth Lifting Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 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) Charles E. Jones, M.D. or _____ Midwife

Given name added from a supplemental report _____ (Date of) _____
9/6/32 5/11/32 Registrar. Address Miami Arizona Filed 6/7 1932 Ch. E. Houghton Registrar.

A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.