

ARIZONA STATE BOARD OF HEALTH

154

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

County Pima State _____
Township _____ or Village _____
City Marikupa St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Randolph James If child is not yet named, make supplemental report, as directed

3) Male If plural births { 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate _____ 8. Date of birth May 16, 1932
5. Number, in order of birth _____ Full term _____ mate _____ (Month, day, year)

9. Full name of FATHER Randolph James 18. Full maiden name of MOTHER Ella Clark
10. Residence (usual place of abode) (If nonresident, give place and State) Marikupa 19. Residence (usual place of abode) (If nonresident, give place and State) Marikupa

11. Color or race White 12. Age at last birthday 2 (Years) 20. Color or race White 21. Age at last birthday 21 (Years)

13. Birthplace (city or place) (State or country) Marikupa, Ariz. 22. Birthplace (city or place) (State or country) Marikupa, Ariz.

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Black</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>grocery</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Wife</u>
	16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____		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 _____ (b) Born alive but now dead _____ (c) Stillborn _____

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 _____ at _____ 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 R. Hurst M. D.

or _____

ven name added from supplemental report. 915-516-537 (Date of)

Address _____

Filed June 2, 1932 P. G. H. [Signature] Registrar

Registrar