ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3244
Registered No. 637

1. PLACE OF BIRTH

County: Pima State: Arizona

District or Township: ____ or Village: ____

City: Tucson No. 9th Ave & Veterans Blvd Ward ____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Elsie Cleo James (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female (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: May 30 1932 (Month Day Year)

FATHER

8. Full name: Carlos Victor James

9. Residence (Usual place of abode) 9th Ave & Vet. Blvd
If non-resident, give place and state.

10. Color or race: White 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Athens (State or country) Tex

13. Occupation: Plasterer
Nature of Industry: ____

MOTHER

14. Full maiden name: Otie Cleo Cherrault

15. Residence (Usual place of abode) 9th Ave & Vet Blvd
If non-resident, give place and state.

16. Color or race: White 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Hillsboro (State or country) Tex

19. Occupation: Housewife
Nature of Industry: ____

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead ____
(c) Stillborn ____

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 at 8:30 A.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature: B. B. Edwards
Physician
(Physician or midwife.)

Address: Tucson, Arizona

Given name added from a supplemental report ____ Month, day, year

Filed 6-23-1932 Lewis A. Howard M.D.
Registrar.

Registrar.

512-530-633