

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 80A  
Registered No. 129

1. PLACE OF BIRTH

County Gila

Township Miami

City Gordon St

State Ariz

or Village

St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Frederick Spangler

If child is not yet named, make supplemental report, as directed

Sex Male

If plural births

4. Twin, triplet, or other.....

6. Premature..... Full term.....

7. Legitimate.....

8. Date of birth Jan 4 32  
(Month, day, year)

9. Full name

FATHER

Vernon Spangler

18. Full name

MOTHER

Florence Thrasher

10. Residence (usual place of abode)  
(If nonresident, give date and state)

Scottsdale

19. Residence (usual place of abode)  
(If nonresident, give date and state)

Scottsdale, Ariz

11. Color of hair White

12. Age at last birthday 27 (Years)

20. Color of hair White

21. Age at last birthday 19 (Years)

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

Scottsdale, Ills.

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

Okla.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Market

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Stenographer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Market

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

Stenographer

16. Date (month and year) engaged in this work

1932

17. Total time (years) spent in this work 1

25. Date (month and year) last engaged in this work

1932

26. Total time (years) spent in this work

1

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 1

28. If stillborn, period of gestation 10 months or weeks

29. Cause of stillbirth Deaf, Know

Before labor 9 hours  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive and now living at 250 Ray on the date above stated

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

(Signed) Wesley D. Crumpton, D.

or Miami Midwife

Given name added from a supplemental report (Date of)

Address Miami

129-604-639 (Date of)

Filed June 6, 1932 E. E. Pruitt Registrar

Registrar

Registrar

USE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

OCCUPATION

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