MARGIN RESERVED FOR BINDING

WRITE 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 98 A

Registered No. 152

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village P. O. Gen. Del. Miami

City Miami No. 20 R. R. Ave. Claypool Ariz. Ward

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

2. Full name of child Joe Wesley Howard (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth June 24, 1932 (Month, day, year)

FATHER

9. Full name Lonnie Howard

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

11. Color or race Cauc. | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) Goldwaite, (State or country) Texas

OCCUPATION

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

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

16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary L. Hutchinson

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

20. Color or race Cauc. | 21. Age at last birthday 23 (Years)

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

OCCUPATION

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

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

25. Date (month and year) last engaged in this work ....., 19.... | 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 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 (Born alive or ~~stillborn~~) at 1 30 A. m. on the date above stated

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

(Signed) Cyril M. Cron M. D., M. D.

or ..... ~~Midwife~~

Address Miami, Arizona

Filed July 21, 1932. C. E. Irvin Registrar.

Given name added from a supplemental report ..... (Date of)

..... Registrar.

184-624-485