# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 106
Registered No. 75

1. PLACE OF BIRTH

County Gila State Arizona
Township ..... or Village .....
City Hayden No. 1 McHOVERN St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bobby Pharm-Sonn { 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 July 24, 1932 (Month, day, year)

FATHER

9. Full name Nathan M. Sonn Jr

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

11. Color or race White | 12. Age at last birthday 24 (Years)

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

OCCUPATION

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

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

16. Date (month and year) last engaged in this work 7-24, 1932 | 17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Ruth Anderson

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

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

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

OCCUPATION

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

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

25. Date (month and year) last engaged in this work 7-2-, 1932 | 26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (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 or stillborn) at 4 PM m. on the date above stated

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

(Signed) Charles B. Hirsh M. D.
or ..... Midwife
Address Hayden Ariz
Filed July 27, 1932 Y. O. Y. Clark Registrar

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

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.

275-0704-215