383

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 308
Registered No. 72

1. PLACE OF BIRTH

County Navajo State Arizona
Township or Village
City Winslow No. 113 Alfred St. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emogene Orean Trammell (If child is not yet named, make supplemental report, as directed)

3. Sex female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 2 | 6. Premature; Full term x | 7. Legitimate? yes | 8. Date of birth 7-7-32, 19 (Month, day, year)

9. Full name — FATHER: James Micheal Trammell

10. Residence (usual place of abode) (If non-resident, give place and State) Winslow

11. Color or race white | 12. Age at last birthday 31 (Years)

13. Birthplace (city or place) Strong City (State or country) Okla.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laberor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work present 19
17. Total time (years) spent in this work

18. Full maiden name — MOTHER: Myrtle Orean Mc Farland

19. Residence (usual place of abode) (If non-resident, give place and State) Winslow

20. Color or race white | 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Roswell (State or country) New Mexico

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 present 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 1 (b) Born alive but now dead 1 (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 alive (Born alive or stillborn) at 3:00am m. on the date above stated

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

(Signed) Robert M Stump, M. D.
or , Midwife
Address Winslow, Ariz
Filed 8-10, 1932 Eva C. Boyle Registrar.

Given name added from a supplemental report (Date of)

Registrar.

533-0707-444

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.