

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **505**

Registered No.

1. PLACE OF BIRTH

County Yavapai State Ariz
 Township or Village Cottonwood
 City St. Ward

2. Full name of child

Samuel Standing Walker (If child is not yet named, make supplemental report, as directed)

3. Sex male If plural births { 4. Twin, triplet, or other 6. Premature 7. Legitimate? yes 8. Date of birth 7-9-32
 5. Number, in order of birth Full term (Month, day, year) 1932

9. Full name FATHER Tracy Walker

18. Full maiden name MOTHER Myrtle A. Raggdale

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

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

11. Color or race White 12. Age at last birthday 33 (Years)

20. Color or race White 21. Age at last birthday 24 (Years)

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

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

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

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

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

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

16. Date (month and year) last engaged in this work 19.....

25. Date (month and year) last engaged in this work 19.....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

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 at 6:30 P 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.

(Signed) J. Taylor M. D.

or Midwife

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

Address Cottonwood
 Filed 7-9-32 J. Taylor Registrar.

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 secured.

269-0709-493