

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 93A

Registered No. 209

1. PLACE OF BIRTH

County Gila State Arizona
Township Miami of Yavapai Village hugo
City Miami No. 3 St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

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

3. Sex Male If plural births None 4. Twin, triplet, or other None 6. Signature [Signature] 7. Yes 8. Date of birth Aug 6, 1932
(Month, day, year)

9. Full name FATHER Henry Hugo 18. Full maiden name MOTHER Helen Martine

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

11. Color White 22. Age at last birthday 21 (Years) 20. Color White 21. Age at last birthday 18 (Years)

13. Birthplace (city or place) Miami 22. Birthplace (city or place) Arizona
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year) last engaged in this work None 17. Total time (years) spent in this work None 25. Date (month and year) last engaged in this work None 26. Total time (years) spent in this work None

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 None (c) Stillborn None

28. If stillborn, period of gestation None { 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 on the date above stated

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

(Signed) Wilson D. Bradford M.D.

or Marianne [Signature] Midwife

Address Miami, Arizona

Filed Oct 10, 1932 Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.