

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 777
Registered No. 213

1. PLACE OF BIRTH
County Gila State Arizona

Township 1 or Village
City Meander No. (If birth occurred in a hospital or institution, give name of hospital or institution) Ward

Name of child James Samuel Green (If child is not yet named, make supplemental report, as directed)

Sex Male If plural Births 4. Twin, triplet, or other 6. Premature 7. Labor Full term 8. Date of birth Aug 17 1932
(Month, day, year)

9. Full name Mortimer J Green FATHER

18. Full maiden name Hilda Sanders MOTHER

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

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11. Color, race White 12. Age at last birthday 30 (Years)

20. White 21. Age at last birthday 29 (Years)

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

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

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Lawyer's office
25. Date (month and year) last engaged in this work 26. Total time (years) spent 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 4 (b) Born alive but now dead 2 (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 at 11:57 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) Meander Midwife

Given name added from a supplemental report 175-818-322 (Date of)

Address Meander
Filed Oct 10 1932 Registrar

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.