

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

State File No. 137A

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. 238

I. PLACE OF BIRTH

County Graham State Arizona
 Township Deratshen or Village Deratshen
 City Deratshen No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ladelle Hunter Mulleray (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. Legiti-
 male { 5. Number, in order of birth _____ Full term mate?

8. Date of birth Aug 20, 1932
(Month, day, year)

9. Full name Arthur Mulleray FATHER
 10. Residence (usual place of abode) Deratshen
 (If nonresident, give place and State)

18. Full maiden name Lemuel Palmer MOTHER
 19. Residence (usual place of abode) Deratshen
 (If nonresident, give place and State)

11. Color or race W. 12. Age at last birthday 30 (Years)

20. Color or race W. 21. Age at last birthday 29 (Years)

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

22. Birthplace (city or place) Cden Ariz.
(State or country)

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

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. H. W.

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

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

16. Date (month and year) last en- 17. Total time (years) gaged in this work _____ spent in this work _____

25. Date (month and year) last engaged in this work _____ 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 2 (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 _____ at _____ 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. W. Queen, M. D.

or _____ Midwife

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

Address Safford Ariz.

Filed Oct 15, 1932 _____ Registrar.

317-920-379 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 stated.

OCCUPATION

OCCUPATION

My O.B. P.P.S.