ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 447

Registered No. 845

County Pima State

Township or Village

City Tucson No. Rainbow Court St. Ward

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

2. Full name of child James Cushman [If child is not yet named, make supplemental report, as directed]

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Aug. 15, 193 (Month, day, year)

FATHER	MOTHER
9. Full name J. O. Cushman	18. Full maiden name Ola Mae Williams
10. Residence (usual place of abode) (If non-resident, give place and State) Tucson	19. Residence (usual place of abode) (If non-resident, give place and State) Tucson
11. Color or race W 12. Age at last birthday 21 (Years)	20. Color or race W 21. Age at last birthday 20 (Years)
13. Birthplace (city or place) (State or country) Okla	22. Birthplace (city or place) (State or country) Okla
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Air-brake	OCCUPATION 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. Repairer	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 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work , 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 0 (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 born alive 1:30 a.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.

Given name added from a supplemental report 135-815-160 (Date of)

Registrar.

(Signed) R K Smith M. D.

or Midwife

Address 311 Consolidated Bk Bldg

Filed 8.18.37, 19 Louis H. Hospel 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.