ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 98

Registered No. 193

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village Box 69 Young Arizona

City Miami No. Miami Insp. Hospital St. ..... Ward

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

2. Full name of child Verne Tandy Sparks { 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 Sept. 14, 1932 (Month, day, year)

FATHER

9. Full name Charles Earnest Sparks

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

11. Color or race Cauc. | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) ..... (State or country) Texas

OCCUPATION

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

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

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

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Margaret A. Tretheway

19. Residence (usual place of abode) (If nonresident, give place and State) Young Ariz.

20. Color or race Cauc. | 21. Age at last birthday 20 (Years)

22. Birthplace (city or place) Hurley (State or country) New Mex.

OCCUPATION

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

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

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 — (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 born alive at 2:30 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) Cyril M. Crow M.D., M.D.

or ....., Midwife

Address Miami - Arizona

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

522-914-438

Registrar.

Filed Oct. 6, 1932 S. C. Irvin Registrar.