

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 105

Registered No. 199

1. PLACE OF BIRTH

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

2. Full name of child John Edward Shoemaker { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	4. Twin, triplet, or other. _____	6. Premature Full term _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 20, 1932</u> <small>(Month, day, year)</small>
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<p>9. Full name of FATHER <u>Arthur Meigs Shoemaker</u></p> <p>10. Residence (usual place of abode) <u>Miami Ariz</u> <small>(If nonresident, give place and State)</small></p> <p>11. Color or race <u>Cauc</u> 12. Age at last birthday <u>31</u> Years</p> <p>13. Birthplace (city or place) <u>Philadelphia Pa.</u> <small>(State or country)</small></p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Miami Copper</u></p> <p>16. Date (month and year) last engaged in this work _____, 19____</p>	<p>18. Full maiden name of MOTHER <u>Winnie Davis Gilbert</u></p> <p>19. Residence (usual place of abode) <u>Miami Ariz</u> <small>(If nonresident, give place and State)</small></p> <p>20. Color or race <u>Cauc</u> 21. Age at last birthday <u>26</u> Years</p> <p>22. Birthplace (city or place) <u>Walnut Springs Texas</u> <small>(State or country)</small></p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____</p> <p>25. Date (month and year) last engaged in this work _____, 19____</p> <p>26. Total time (years) spent in this work _____, 19____</p>
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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 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 at 10⁵⁵ P.m. on the date above stated
(Born alive or stillborn)

(Signed) Eyril M. Brown M.D. M. D.
 or _____ Midwife
 Address Miami, Arizona
 Filed Oct 6, 1932 C. E. Irwin Registrar.

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

Given name added from a supplemental report. _____ (Date of) _____
129-920-673

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.