

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180
Registered No. 200

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
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 John James Hedderman Jr. { 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. Legiti- male? <u>yes</u>	8. Date of birth <u>Sept. 20, 1932</u> <small>(Month, day, year)</small>
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9. Full name **FATHER**
John James Hedderman

16. Full maiden name **MOTHER**
Mary Catherine Harrington

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

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

11. Color or race Cauc. 12. Age at last birthday 28 0 (Years)

20. Color or race Cauc. 21. Age at last birthday 23 0 (Years)

13. Birthplace (city or place)
Kocoms Colo.
(State or country)

22. Birthplace (city or place)
Silverton Colo.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
Civil Engineer

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.
Miami Copper Co.

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
_____, 19____

25. Date (month and year) last engaged in this work
_____, 19____

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 / (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)

(Signed) Eyril M. Cron, M. D.

or _____

Address Miami - Arizona

Filed Oct 6, 1932 C. E. Grune 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 _____
185-928-485 (Date of) _____
Registrar.

In order of birth stated.