115

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. .....
Registered No. 248

1. PLACE OF BIRTH
County Graham State Arizona
Township Safford or Village .....
City Pima No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dortha Ann Wamsley (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet or other — 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 21, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name Charley Wamsley	18. Full maiden name Ethel Smith
10. Residence (usual place of abode) (If nonresident, give place and State) Pima Ariz	19. Residence (usual place of abode) (If nonresident, give place and State) Pima Ariz
11. Color or race White 12. Age at last birthday 32 (Years)	20. Color or race White 21. Age at last birthday 27 (Years)
13. Birthplace (city or place) Pima Ariz (State or country)	22. Birthplace (city or place) Safford (State or country) Arizona
OCCUPATION: 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife
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. .....
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 5 (b) Born alive but now dead 0 (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 1: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.)

(Signed) O. W. Brandon, M. D.
or ....., Midwife
Address Pima Ariz
Filed Nov 8, 1932 J. W. Stratton Registrar.
By O. W. Lopez

Given name added from a supplemental report 468-1021-528 (Date of)

..... Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLIANLY 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.