

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 80

Registered No. 239

1. PLACE OF BIRTH

County Gila State Arizona
 Township Miami City Miami No. 1129 Ave. Los Oak St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Don Leroy Markham { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural Births _____ 4. Twin, triplet, or other born 5. Number, in order of birth 2 6. Premature _____ Full term _____ 7. Legitimate? Y 8. Date of birth Nov 11, 1932
(Month, day, year)

9. Full name FATHER Fred Daly Markham

18. Full maiden name MOTHER Elizabeth Violet Taylor

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

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

11. Color or race Wh 12. Age at last birthday 76 (Years)

20. Color or race Wh 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) (State or country) Edin Arizona

22. Birthplace (city or place) (State or country) Tulsa Arizona

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

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

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

25. Date (month and year) last engaged in this work _____ 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 4 (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 7:30 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) Charles E. Quinn, M. D.

Given name added from a supplemental report 444-1111-539 (Date of) _____

or Miami Arizona Midwife

Address _____ Filled Nov 15, 1932 1069 Registrar _____

NOTE 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.