TE OF BIRTH

, or economic—in which
value, not only to the in
ficates but good business

the administration of esta
pensions;
prove the irresponsibili
rime and misdemeanor,
riminal code;
n the enforcement of la
l labor;
determine the relations

izenship in order to obta
the claim for exemptio
tary service.

r a woman whose only
answer to Question 24.
appropriate terms, as a

DEC 14 1932

ee," "worker," "operati
ore," "factory," "mill,"
etc.

iptive titles, as *civil engi*
a more precise statemen
on, as *carpenter, painter*
son who sells goods sho

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ~~110~~91a

Registered No. 2 5 3

PLACE OF BIRTH

nty Gila State Arizona

trict or Township ..... or Village .....

..... No. ..... St. ..... Ward

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

full name of child Stanley Gayl Stewart (If child is not yet named, make supplemental report, as directed.)

er of Child M. | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... 5. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth 11 (Month) 19 (Day) 32 (Year)

FATHER	MOTHER
f name Ford G Stuart	14. Full maiden name Laura Esperance Brown
Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
f non-resident, give place and state.	If non-resident, give place and state.
Color or race W. am	16. Color or race W. am
11. Age at last birthday 22 (Years)	17. Age at last birthday 19 (Years)
Birthplace (city or place) Okla	18. Birthplace (city or place) Texas
(State or country)	(State or country)
Occupation Nature of Industry Oriel Driver	19. Occupation Nature of Industry H.W.

Number of children of this mother 1 (taken as of time of birth of child herein ...tified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

ereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 9 45 a.m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C F Perkins (Physician or midwife).

Given name as supplement 222 119-325 Miami