

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 34

Registered No. 285

1. PLACE OF BIRTH

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

2. Full name of child

Charles Bishop (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural Births No 4. Twin, triplet, or other No 5. Number, in order of birth 1
6. Premature No Full term Yes 7. Yes 8. Date of birth Nov 24, 1932
(Month, day, year)

9. Full name of FATHER Charles Bishop

18. Full maiden name of MOTHER Eileen Dozier

10. Residence (usual place of abode) Miami
(If non-resident, give place and date)

19. Residence (usual place of abode) Miami
(If non-resident, give place and date)

11. Color White 12. Age at last birthday 32 (Years)

20. Color White 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) Portwood Texas
(State or country)

22. Birthplace (city or place) Cyrtobal Texas
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 19

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as oil, gas, etc.
25. Date (month and year) last engaged 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 6 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months 29. Cause of stillbirth Before labor
or weeks During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7/4 m. on the date above stated

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

(Signed) Wilson Campbell, M.D.

Given name added from a supplemental report 327-1121-149
(Date of)

or Wilson Campbell, Midwife

Address Miami
Filed 10/30, 1932

Registrar. Wilson Campbell Registrar.

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.