

ARIZONA STATE BOARD OF HEALTH

23

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

County Ochoise State

Township or Village

City Willcox No. St. Ward

2. Full name of child..... Thomas Edwin Fleetham, Jr. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature Full term.....	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec 10 1932</u> (Month, day, year) 19..
		5. Number, in order of birth.....			

9. Full name **FATHER**
Thomas Edwin Fleetham

18. Full maiden name **MOTHER**
Helen Waters Creech

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

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

11. Color of race..... White 12. Age at last birthday..... 26 (Years)

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

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

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

OCCUPATION

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

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.....

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

OCCUPATION

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

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

28. 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 1 (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 or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:30 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) J. Bevilacqua, M.D.

or Midwife

Address Willcox, Arizona

Given name added from a supplemental report..... (Date of) 364-1210-838

Filed 1/2/33

J. Bevilacqua
Registrar.