

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 194
Registered No. 18

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village P.O. Box 36 - Inspiration, Ariz.
City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Edward Hall { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Dec. 16, 1932
5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name FATHER
Carl Edward Hall

18. Full maiden name MOTHER
Beth McQuistion

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

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

11. Color or race Cauc. 12. Age at last birthday 4 1/2 (Years)

20. Color or race Cauc. 21. Age at last birthday 39 (Years)

13. Birthplace (city or place) Durango, Col.
(State or country)

22. Birthplace (city or place) Olney, 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. Mining
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

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 own home, lawyer's office, silk mill, etc. Housewife
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 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 10 P. 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) Cyril M. Brown M.D. M. D.

Given name added from a supplemental report _____ or _____ Midwife

Address Miami, Arizona
Filed Jan 25, 1933 C. E. Green Registrar.
983-1216-245 (Date of)

MARGIN RESERVED FOR BINDING
WRITE 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 _____ number of each in order of birth stated.