ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 33

Registered No. 1

1. PLACE OF BIRTH

County Gila State Arizona

Township Miami or Village

City Miami No. St. Ward

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

2. Full name of child Edna Phyllis Bostwick (If child is not yet named, make supplemental report, as directed)

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth Jan 4, 1933 (Month, day, year)

FATHER

9. Full name Eugene Russell Bostwick

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

11. Color or race W 12. Age at last birthday 30 (Years)

13. Birthplace (city or place) Fulda (State or country) Minn

OCCUPATION

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

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

MOTHER

18. Full maiden name Velma Lucille Sprouse

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

20. Color or race W 21. Age at last birthday 26 (Years)

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

OCCUPATION

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

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

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 3 (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 (Born alive or stillborn) at 2 A M. on the date above stated

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

(Signed) Leland E. Irvin M.D.

or M.D. Midwife

Address Miami Ariz.

Given name added from a supplemental report (Date of)

322-104-325 Registrar.

Filed Jan 5, 1933 C. E. Ehmin Registrar.

WHEN UNDERLYING CAUSE OF DEATH IS AN A Pertinent — Where more than one child at a birth, a SEPARATE RETURN must be made for each, here in order of birth stated.