ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 77

Registered No. 2

1. PLACE OF BIRTH

County Gila State Arizona

Township Miami Precinct Gila County Hosp.

City Village

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

2. Full name of child Carol Lucille Weeks [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 11 1933 (Month, day, year)

FATHER

9. Full name Edward Young Weeks

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

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

13. Birthplace (city or place) Phila (State or country) Pa.

OCCUPATION

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

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 5 yrs

MOTHER

18. Full maiden name Florence Marguerite Cordis

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

20. Color or race Wh | 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Tucson (State or country) Arizona

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 3 yrs

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 (c) Stillborn 1

28. If stillborn, period of gestation Term (months or weeks) | 29. Cause of stillbirth Not determined | Before labor X 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 10 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) Charles E. Finn, M.D.

or _____, Midwife

Address Miami, Arizona

Given name added from a supplemental report _____ (Date of)

362-111-6-32 Registrar.

Filed Jan 12 1933 C. E. Irwin Registrar.

NOTE—Signature of attending physician or midwife is required. If more than one child at a birth, a SEPARATE RETURN must be made for each, and in order of birth stated.

FAMILY WITH PARENTS—THIS PORTION MAY BE PERMANENT RECORD