ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 488
Registered No. 10 x

1. PLACE OF BIRTH
County Yavapai State
Township Verde or Village
City Clarkdale No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alton Jean Madera (If child is not yet named, make supplemental report, as directed)

3. Sex Boy | Plural births: 4. Twin, triplet or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 24, 1933 (Month, day, year)

FATHER
9. Full name Eugene Madera.
10. Residence (usual place of abode) (If nonresident, give place and State) Humbolt.
11. Color or race White 12. Age at last birthday 25 (Years)
13. Birthplace (city or place) Cherry Creek. (State or country) Ariz
OCCUPATION
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Man.
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 June, 1933. 17. Total time (years) spent in this work ____

MOTHER
18. Full maiden name Alta Owens.
19. Residence (usual place of abode) (If nonresident, give place and State) Humbolt
20. Color or race White 21. Age at last birthday 21 (Years)
22. Birthplace (city or place) Camp Verde (State or country) Ariz
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 Now, 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 One (b) Born alive but now dead None (c) Stillborn None

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 alive (Born alive or stillborn) at 4 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) L. E. Meek M. D.
or ____ Midwife
Address ____

Gives name added from a supplemental report ____ (Date of) ____
Filed Feb 1, 1933 ____ Registrar
112-124-162 Registrar

N. Bundle 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.