ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1266
Registered No. 131

1. PLACE OF BIRTH

County Greenlee State Arizona
Township Duncan Ariz. or Village Duncan
City Duncan Ariz. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Calvin Sanders (If child is not yet named, make supplemental report, as directed)

3. Sex Boy | If plural births: 4. Twin, triplet or other ___ 5. Number, in order of birth ___ | 6. Premature ___ Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Feb 25, 1933 (Month, day, year)

FATHER

9. Full name Thomas M. Sanders
10. Residence (usual place of abode) (If nonresident, give place and State) Duncan
11. Color or race W | 12. Age at last birthday 40 (Years)
13. Birthplace (city or place) Duncan (State or country) Ariz.

OCCUPATION

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 Rachel Rounden
19. Residence (usual place of abode) (If nonresident, give place and State) Duncan
20. Color or race W | 21. Age at last birthday 24 (Years)
22. Birthplace (city or place) Wright City Okla. (State or country)

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 1 (b) Born alive but now dead ___ (c) Stillborn ___

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 1:15 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) F. W. Butler, M. D.
or ___, Midwife
Address Safford Ariz.
Filed 7/8/1933 G. M. Stallo Registrar.
By O. H. [illegible]

Given name added from a supplemental report ___ (Date of)
622-225-995 Registrar.

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