ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 83a

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. Route 1 - Miami - Ariz. St. Ward

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

2. Full name of child Charles Buddy Wakefield (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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 Mch. 16, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Vivian Oliver Wakefield	18. Full maiden name Hazel Lois Scogin
10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz
11. Color or race Cauc. 12. Age at last birthday 27 (Years)	20. Color or race Cauc. 21. Age at last birthday 16 (Years)
13. Birthplace (city or place) Betts Cove (State or country) New Foundland	22. Birthplace (city or place) Comanche (State or country) Texas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miami Copper Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent 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 — (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 at 3 15 A. 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. Crow M.D., M.D.

or ____, Midwife

Address Miami, Arizona

Given name added from a supplemental report 361-316-825 (Date of)

Filed 5/3, 1938 C. P. Bergeron Registrar.

Registrar.

Registrar.

Should be made if more than one child at a birth, a SEPARATE ... in order of birth stated.