MARGIN RESERVED FOR BINDING

WRITE PLAINLY 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 501

Registered No. 46 H.

1. PLACE OF BIRTH

County Yavapai State Arizona

Township or Village

City Prescott No. Mercy Hospital Ward

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

2. Full name of child James Scott Simpson (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 yes | 7. Legitimate? yes | 8. Date of birth March 21 1933 (Month, day, year)

FATHER

9. Full name Kenneth Edward Simpson

10. Residence (usual place of abode) (If non resident, give place and State) 325 N Pleasant

11. Color or race White | 12. Age at last birthday 37 (Years)

13. Birthplace (city or place) McCabe, Ariz (State or country)

OCCUPATION

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

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 Mar 27, 1933

17. Total time (years) spent in this work 1

MOTHER

18. Full maiden name Helen Blake Scott

19. Residence (usual place of abode) (If non-resident, give place and State) 325 N Pleasant

20. Color or race W | 21. Age at last birthday 19 (Years)

22. Birthplace (city or place) Kinda Lousana (State or country)

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, 19

26. Total time (years) spent in this work 1

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 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 at 2:30 P 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.)

Given name added from a supplemental report 125-327-823 (Date of)

Registrar.

(Signed) [signature] M. D.

or Midwife

Address [illegible]

Filed 3/2 1933

Registrar.