

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
 Registered No. 37

1. PLACE OF BIRTH

County Isila State Ariz
 District or Township _____ or Filage _____
 City Isloke No. _____ St. _____ Ward _____

2. Full name of child

Thomas Adrian Casey (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed)

3. Sex of Child

Male To be answered ONLY In event of plural births } **4. Twin, triplet or other** _____ **5. Legitimate?** Yes **6. Date of birth** 7-19-33
 Month Day Year

7. Full name FATHER Thomas Royton Casey

14. Full maiden name MOTHER Muriel Dean Robinson

8. Residence (Usual place of abode) Jesson, Ariz
 If non-resident, give place and state _____

15. Residence (Usual place of abode) Jesson Ariz
 If non-resident, give place and state _____

9. Color or race White **11. Age at last birthday** 31 (Years)

16. Color or race White **17. Age at last birthday** 31 (Years)

12. Birthplace (city or place) Dravots Pass Oregon
 (State or country)

18. Birthplace (city or place) Wlat chur Iowa
 (State or country)

13. Occupation Nature of industry Manager Store

19. Occupation Nature of industry Housewife

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child)
 (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:50 A.M. on the date above stated.
 (If born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
Physician
 (Physician or midwife)

Given name added from a supplemental report. Month, day, year _____

Address Isloke, Ariz

Registrar 330-119-492 Filed 5/8 1935 S. E. Wightman Registrar

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.