PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 83

Registered No. 18

Arizona

County: Gila State: Arizona

Township: or Village:

City: Hayden No. St. Ward

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

Full name of child: William Gordon Yoder (If child is not yet named, make supplemental report, as directed)

Sex: Male

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: X

7. Legitimate? Yes

8. Date of birth: April 24th, 1933 (Month, day, year)

FATHER

Full name: Stanley Ross Yoder

Residence (usual place of abode) (If non-resident, give place and State): Hayden, Arizona.

Color or race: White 12. Age at last birthday: 33 (Years)

Birthplace (city or place): St. Louis, (State or country): Missouri

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Copper Concentrator

Date (month and year) last engaged in this work: March, 1933 17. Total time (years) spent in this work: 10

MOTHER

18. Full maiden name: Florence Mae Goodwin

19. Residence (usual place of abode) (If non-resident, give place and State): Hayden, Arizona.

20. Color or race: White 21. Age at last birthday: 32 (Years)

22. Birthplace (city or place): Saratoga, (State or country): Wyoming

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.: Home

25. Date (month and year) last engaged in this work: April, 1933 26. Total time (years) spent in this work: 12

Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: (c) Stillborn:

If stillborn, period of gestation: months or weeks 28. 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 4.30 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) Charles B. Gustafson M.D.

or, Midwife

Address: Hayden, Arizona

Given name added from supplemental report (Date of) 649-424-675 Registrar.

Filed April 26th, 1933 D. D. Dick Registrar.

Std 5-D-32 MS-0048