ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 84-a

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: or Village:

City: Miami No.: Miami Ave. St.: Ward:

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

2. Full name of child: Thomas Edwin Vickers (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: April 28, 1933 (Month, day, year)

FATHER

9. Full name: Thomas Edwin Vickers

10. Residence (usual place of abode) (If nonresident, give place and State): Miami, Ariz.

11. Color or race: Caucasian 12. Age at last birthday: 38 (years)

13. Birthplace (city or place): Greenville (State or country): Texas

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: 0

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Elizabeth J. Ponder

19. Residence (usual place of abode) (If nonresident, give place and State): Miami, Ariz.

20. Color or race: Caucasian 21. Age at last birthday: 35 (years)

22. Birthplace (city or place): Denton (State or country): Texas

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

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 7:15 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.)

(Signed) Cyril M. Crow M.D., M.D. / Midwife

Given name added from a supplemental report (Date of)

(Address) Miami, Arizona

Filed June 28, 1933 Nellie G. Ra, Registrar

Registrar

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.