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. 103

Registered No.

1. PLACE OF BIRTH

County Gila State

Distr. or Twp. or Village R.R. Ave

City Claypool No. St. Ward

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

2. Full name of child John Richard Sanders (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. No., in order of birth | 6. Legitimate? Yes | 7. Date of birth May 8 1933 (Month Day Year)

8. FATHER

Full name Walter Sanders

9. Residence (Usual place of abode) Claypool

If non-resident, give place and state

10. Color or race White | 11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Miami Ariz (State or country)

13. Occupation Nature of industry Unemployed

14. MOTHER

Full maiden name Verna Laburne

15. Residence (Usual place of abode) Claypool

If non-resident, give place and state

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

18. Birthplace (city or place) New Mexico (State or country)

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (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 on the date above stated.

* 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 Nelson D. Brayton

Miami Ariz (Physician or midwife).

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

Address

Filed 6/3/1933 C F Perkins Registrar

Registrar

182-508-395