ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 97

Registered No. _____

Arizona

1. PLACE OF BIRTH

County: Pile

Township: _____

City: Miami

State: _____

or Village: Central Heights

No. _____ St. _____ Ward _____

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

2. Full name of child: Verna Jean Spangler

(If child is not yet named, make supplemental report, as directed)

Sex: Female

Plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Illegitimate: Yes

8. Date of birth: July 11, 1932 (Month, day, year)

9. Full name: Vernon Spangler

FATHER

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

11. Color or race: White

12. Age at last birthday: 28 (Years)

13. Birthplace (city or place): Ills (State or country)

OCCUPATION

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

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

16. Date (month and year) last engaged in this work: _____ 19 _____ Total time (years) spent in this work _____

18. Full maiden name: Flossie Thresher

MOTHER

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

20. Color or race: White

21. Age at last birthday: 19 (Years)

22. Birthplace (city or place): Claudatus (State or country): Okla

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 dye house, 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 _____ (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 or stillborn) at 4 AM on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____ M. D.

or _____ Midwife

Address _____

Given name added from a supplemental report _____ (Date of)

Filed June 14, 1933 Mrs. Bingle Registrar.

_____ Registrar.

BM 8-17-32 M8-4708

529-711-639