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. 102

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. Gila General Hospital Globe Ariz. Ward

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

2. Full name of child Joseph Franklin Henderson (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 July 15, 1933 (Month, day, year)

FATHER

9. Full name Jesse Franklin Henderson Jr.

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

11. Color or race Cauc. | 12. Age at last birthday 26 (Years)

13. Birthplace (city or place) Roosevelt (State or country) Arizona

OCCUPATION

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

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

16. Date (month and year) last engaged in this work ___, 19__ | 17. Total time (years) spent in this work ___

MOTHER

18. Full maiden name Evelyn Marian Smith

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

20. Color or race Cauc. | 21. Age at last birthday 25 (Years)

22. Birthplace (city or place) Anaconda (State or country) Mont.

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 8 A 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. Cron M.D. or Midwife

Address Miami, Arizona

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

Registrar.

Aug 10, 1933 [signature] Registrar.

185-715-528