ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 85

Registered No.

Arizona

1. PLACE OF BIRTH

County: Gila

Township: Clay Hole

City: No. 121 Oak St.

State:

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

Ward

2. Full name of child: Charles Duclair Wood

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

Sex: Male

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

6. Premature: Full term: Legitimate: Illegitimate:

7. Date of birth: Aug 19 1937 (Month, day, year)

FATHER

8. Full name: Frances N Wood

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

10. Color or race: White

11. Age at last birthday: 30 (Years)

12. Birthplace (city or place) (State or country): Salamonville Ary

OCCUPATION

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

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Power plant

15. Date (month and year) last engaged in this work: 19

16. Total time (years) spent in this work:

MOTHER

17. Full maiden name: Ruby Olson

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

19. Color or race: White

20. Age at last birthday: 22 (Years)

21. Birthplace (city or place) (State or country): Globe Ary

OCCUPATION

22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: None

23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: None

24. Date (month and year) last engaged in this work: 19

25. Total time (years) spent in this work:

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 4 (b) Born alive but now dead: 0 (c) Stillborn: 0

27. If stillborn, period of gestation: months or weeks

28. Cause of stillbirth: (a) Before labor: (b) During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 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) Reuben O Brady, M. D.

or Mildred Wood, Midwife

Address

Given name added from a supplemental report 264-819-765 (Date of)

Registrar.

Filed Aug 20 1937 W O Bridges Registrar.

Form 8-17-32 MS-0708