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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

1. PLACE OF BIRTH

County Gila State 1036 Admit Ave
Township Miami or Village
City Miami No. _____ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wanda Wayne Way (If child is not yet named, make supplemental report, as directed)

3. Sex Female (If plural births) 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full Time Yes 7. Legitimate? Yes 8. Date of birth Sept 20, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Arthur F Way	18. Full maiden name Edna Clark
10. Residence (usual place of abode) (If non-resident, give place and State) Young Ave	19. Residence (usual place of abode) (If non-resident, give place and State) Young Ave
11. Color or race White 12. Age at last birthday 28 (Years)	20. Color or race White 21. Age at last birthday 25 (Years)
13. Birthplace (city or place) (State or country) Anaconda Montana	22. Birthplace (city or place) (State or country) New Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work _____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____ 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 _____

Hensel Principle

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 0 (c) Stillborn 0

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 5 P m. on the date above stated

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

(Signed) Nelson D Brayton, M.D.
or _____ Midwife
Address Miami Ave
Filed Sept 24, 1933 N D Brayton Registrar.

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

_____ Registrar.

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.

SM 5-17-32 MS-4708

668-920-532