96

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
Township: Miami
City: Hoggit
State:
or Village: Live Oak Hill
Ward:

(If birth occurred in hospital give its NAME instead of street and number)

2. Full name of child: William Norman Hackenbracht

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

3. Sex: Male
4. If plural births: Twin, triplet, or other ____ Number, in order of birth ____
5. Premature? Full term: Yes
6. Legitimate? Yes
7. Date of birth: Sept 30, 1933 (Month, day, year)

FATHER

8. Full name: William Henry Hackenbracht
9. Residence (usual place of abode) (If non-resident, give place and state): Miami Gila County
10. Color or race: White
11. Age at last birthday: 29 (Years)
12. Birthplace (city or place): Isleta (State or country): Ohio
13. OCCUPATION: Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher
14. Industry or business in which work was done, as silk mill, sawmill, store, etc.:
15. Date (month and year) last engaged in this work: 19
16. Total time (years) spent in this work:

MOTHER

17. Full maiden name: Ruth Norman
18. Residence (usual place of abode) (If non-resident, give place and state): Miami Gila County
19. Color or race: White
20. Age at last birthday: 19 (Years)
21. Birthplace (city or place): New Cambria (State or country): Ohio
22. OCCUPATION: Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
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: 1 (b) Born alive but now dead: 0 (c) Stillborn: 0

27. If stillborn, period of gestation: ____ months or weeks
28. 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 7 a.m. on the date above stated

(Signed): Nelson D. Brayton M. D.
or: Mennie G. ____ Midwife
Address: Miami Ariz.

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

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

Filed: Sept 30 1933 N. D. Brayton Registrar

Registrar.

EM 1-17-8 M8-078

6933 - 930 - 955