ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 95

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village Mail Route 1 - Miami

City Miami No. 5 Mourse St. Town Miami Ward

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

2. Full name of child Betty Jean Ollson (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 term ____ | 7. Legitimate yes | 8. Date of birth Oct. 11, 1933 (Month, day, year)

FATHER

9. Full name Archie Andrew Ollson

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

11. Color or race Caucasian 12. Age at last birthday 24 (Years)

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

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.

16. Date (month and year) last engaged in this work ____, 19__

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Alice Pearl Boggs

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

20. Color or race Caucasian 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Cellifico (State or country) Mex.

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 3 (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 (Born alive or stillborn) at 6:30 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) Cyril M. Crow, M.D. or ____ Midwife

Address Miami Arizona

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

Filed Nov. 11, 1933 C. M. Crow Registrar

265-1019-122 Registrar

WRITE PLAINLY with UNFADING INK. THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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