ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 103

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village P. O. of Gen. Del. Miami

City Miami No. 15 Van Winkle Canon St. Ward

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

2. Full name of child Opal Lee Madge Paddock (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. 31, 1933. (Month, day, year)

FATHER

9. Full name John Paddock

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

11. Color or race Caucasian 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Clifton (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 Audie Leona Reeves

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

20. Color or race Caucasian 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Mt. Pleasant (State or country) Arkansas

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 4 (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 04 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) Cyril M. Crow, M. D.

or Midwife

Address Miami, Arizona.

Given name added from supplemental report (Date of)

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

672-1031-192

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 added.