ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 121

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township or Village

City Miami No. 4105 Highland Ave. St. Ward

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

2. Full name of child John Orrin Trethewey Jr., (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature 20 Full term 42 | 7. Legitimate? Yes | 8. Date of birth Nov. 22, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name John Orrin Trethewey	18. Full maiden name Pauline Garrett
10. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona.	19. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona.
11. Color or race Cauc. 12. Age at last birthday 38 (Years)	20. Color or race Cauc. 21. Age at last birthday 34 (Years)
13. Birthplace (city or place) Marquette, (State or country) Mich.	22. Birthplace (city or place) Knickerbocker, (State or country) Rexas.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	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 1 (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 (Born alive or stillborn) on the date above stated.

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

(Signed) [signature]

or Mid

Address Miami, Arizona.

Given name added from supplemental report (Date of)

Filed Dec. 6, 1933. [signature]

Registrar.

34-1122-773

In order of birth stated.