SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 156
Registered No. 297

1. PLACE OF BIRTH
County Graham State Arizona
Township Glenbar. or Village
City No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Arda Lorraine Bodine.
(If child is not yet named, make supplemental report, as directed)

3. Sex Female
If plural births { 4. Twin, triplet or other single
5. Number, in order of birth 1
6. Premature
Full term
7. Legitimate? yes
8. Date of birth 11-21 1933
(Month, day, year)

FATHER
9. Full name Arthur J. Bodine.
10. Residence (usual place of abode) (If nonresident, give place and State) Glenbar, Ariz.
11. Color or race white 12. Age at last birthday 23 (Years)
13. Birthplace (city or place) (State or country) Texas

OCCUPATION
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 — 1933
17. Total time (years) spent in this work —

MOTHER
18. Full maiden name Lorraine Carter
19. Residence (usual place of abode) (If nonresident, give place and State)
20. Color or race white 21. Age at last birthday 21 (Years)
22. Birthplace (city or place) (State or country) Arizona

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 — 1933
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 2 (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 at 9:00 A.M. on the date above stated
(Born alive or stillborn)

(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)
Registrar.

(Signed) J. W. Morris, M. D.
or G. C. Olynick, Midwife
Address Gila Bend
Filed Dec. 9, 1933 G. H. Stratton
Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Be sure to use one of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth stated.

175-1121-539 7 Ch. Lys. 1