ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 368

Registered No. 107

1. PLACE OF BIRTH

County Maricopa State Arizona

Township _____ or Village _____

City Buckeye No. _____ St. _____ Ward

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

2. Full name of child Dorthy Evelyn Stockbridge (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? ✓ | 8. Date of birth Nov. 23, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Edward Clarence Stockbridge	18. Full maiden name Eva Sylve Jennett Estes
10. Residence (usual place of abode) (If nonresident, give place and State) Buckeye	19. Residence (usual place of abode) (If nonresident, give place and State) Buckeye
11. Color or race White 12. Age at last birthday 21 (Years)	20. Color or race _____ 21. Age at last birthday 16 (Years)
13. Birthplace (city or place) Comanche (State or country) Texas	22. Birthplace (city or place) Jennings (State or country) Okla.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	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.	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__ 17. Total time (years) spent in this work _____	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 1 (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 10:30 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) R Leslie Ward, M.D.

or _____ Midwife

Address Buckeye, Ariz.

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

Filed Jan. 10, 1934 A. G. Beaty Registrar.

Registrar.

425-1123-552

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 stated.

...TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...AGIN RESERVED FOR BINDING