ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 108
Registered No. 109
Arizona

1. PLACE OF BIRTH

County Gila State ARIZONA

Township or Village Payson

City Payson No. St. Ward

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

2. Full name of child William Blair Howard — If child is not yet named, make supplemental report, as directed

3. Sex M — If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 6th — 6. Premature No; Full term — 7. Legitimate? Yes — 8. Date of birth Dec 11, 1933 (Month, day, year)

FATHER

9. Full name Ira Dewey Howard

10. Residence (usual place of abode) (If non-resident, give place and State) Payson

11. Color or race W — 12. Age at last birthday 43 (Years)

13. Birthplace (city or place) (State or country) Rockland Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 Life, 1933 — 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Hazel Dunn

19. Residence (usual place of abode) (If non-resident, give place and State) Payson

20. Color or race W — 21. Age at last birthday 39 (Years)

22. Birthplace (city or place) (State or country) Emporia Kas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

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 — (b) Born alive but now dead 2 — (c) Stillborn 1

28. If stillborn, period of gestation 7 months or weeks — 29. Cause of stillbirth Second Pregnancy — Before labor — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 45 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.)

(Signed) George H LaBerge, M. D.

or Midwife

Address Payson

Filed DEC 28 1933, 1933 Anson P. Bryce, Registrar.

Given name added from a supplemental report (Date of) Registrar.

GLOBE, ARIZONA

DEC 28 1933

684-1711-8115