Jean

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

115

State File No. 115
Registered No. 115
Arizona

1. PLACE OF BIRTH

County Gila State Arizona
Township Central Heights or Village Globe Route 1
City St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Genevieve Jean Cole (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 Yes | 7. Legitimate? Yes | 8. Date of birth Dec 16 1933 (Month, day, year)

9. Full name FATHER William Cole | 18. Full maiden name MOTHER Esther Holm

10. Residence (usual place of abode) (If non-resident, give place and [illegible]) Central Heights | 19. Residence (usual place of abode) (If non-resident, give place and [illegible]) Central Heights

11. Color or race White | 12. Age at last birthday 45 (Years) | 20. Color or race White | 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) Germany (State or country) | 22. Birthplace (city or place) Brownville Minn. (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Unemployed
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
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 5 (b) Born alive but now dead 0 (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 or stillborn) at 49 m. on the date above stated

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

(Signed) Nelson D Brayton M. D.
or ____ Midwife
Address Miami Ariz
Filed 1/6, 1934 Anson B Smith Registrar.

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

____ Registrar.

10M 2-4-33 MS-47971

135-1216-584