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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. _____
Registered No. _____
Arizona 41

County Gila State Arizona

Township _____ or Village _____

City Hayden No. _____ St. _____ Ward

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

2. Full name of child Charles Arthur Rhodes. (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 _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth Dec 23 1933 (Month, day, year)

FATHER

9. Full name Charles Rhodes

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

11. Color or race White | 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) Mesa (State or country) Arizona

OCCUPATION

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

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 Dec, 1933 | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name June Swingh

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

20. Color or race White | 21. Age at last birthday 26 (Years)

22. Birthplace (city or place) Tucson (State or country) Arizona

OCCUPATION

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

25. Date (month and year) last engaged in this work Dec, 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 3 (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 _____ at 7:30 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) Charles B Hutchins M. D.

or _____ Midwife

Address Hayden Arizona

Filed Dec 28 1933 [signature] Registrar.

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

_____ Registrar.

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