ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 330

Registered No. 182

1. PLACE OF BIRTH

County: Cochise State: ARIZONA

Township: or Village:

City: Douglas No. 1416 F.Ave. St. Ward

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

2. Full name of child: Wayne Elvis Stewart (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: Yes

7. Legitimate?: Yes

8. Date of birth: June 10, 1934 (Month, day, year)

FATHER

9. Full name: Arthur Clifford Stewart

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

11. Color or race: Caus.

12. Age at last birthday: 23 (Years)

13. Birthplace (city or place) (State or country): Mt. Vernon, Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Service Station Op.

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: June 1934, 19

17. Total time (years) spent in this work: 4

MOTHER

18. Full maiden name: Ruth Lambert

19. Residence (usual place of abode) (If non-resident, give place and State): 1416 F.Ave.

20. Color or race: Caus.

21. Age at last birthday: 20 (Years)

22. Birthplace (city or place) (State or country): Bisbee Ariz.

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.: own home

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work: 2

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: 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 (Born alive or stillborn) at m. on the date above stated

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

(Signed) Jack Hill, M. D.

or, Midwife

Given name added from a supplemental report 6-23-6-10-933 (Date of)

Address Douglas, Arizona

Filed 9-1, 1934 Registrar.

Registrar.

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

10M 1-31-34 MS—49982 FORM NO. 2