ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 58

Registered No. 73

1. PLACE OF BIRTH

County: Cochise State: Ariz.

Township: or Village:

City: Bisbee No. Copper Queen Hosp. St. Ward

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

2. Full name of child: Gene Alan Bain (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 8 mo.

7. Legitimate? Yes

8. Date of birth: 3/24, 1935 (Month, day, year)

FATHER

9. Full name: James Howard Bain

10. Residence (usual place of abode) (If non-resident, give place and State): 429 D Lampery Hill, Bisbee Ariz.

11. Color or race: White 12. Age at last birthday: 33 (Years)

13. Birthplace (city or place) (State or country): Michigan

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Phelps D. Co. Copper Smelt

16. Date (month and year) last engaged in this work: At present, 1935

17. Total time (years) spent in this work: 15 Yrs

MOTHER

18. Full maiden name: Eva Merie Beazley

19. Residence (usual place of abode) (If non-resident, give place and State): 429 D Lampery Hill, Bisbee Ariz.

20. Color or race: White 21. Age at last birthday: 27 (Years)

22. Birthplace (city or place) (State or country): Independence Colorado

OCCUPATION

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

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: At present, 1935

26. Total time (years) spent in this work: 9 Yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (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 8:37 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) [illegible], M. D.

or, Midwife

Address 96 Bisbee

Given name added from a supplemental report (Date of)

Filed 4/8, 1935 R. B. Hampson, Registrar.

Registrar.

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