ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH ✓

State File No.

Registered No. 190

County Coconino County State ARIZONA

Township or Village

City Flagstaff, No. 219 South Leroux St St. Ward

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

2. Full name of child Freddie Andrew Gore { 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 | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth March 16, 1935, 19 (Month, day, year)

FATHER	MOTHER
9. Full name Lester Gore	18. Full maiden name Eva Mae Gore
10. Residence (usual place of abode) (If non-resident, give place and State) 219 South Leroux	19. Residence (usual place of abode) (If non-resident, give place and State) 219 South Leroux St
11. Color or race American W. 12. Age at last birthday 25 (Years)	20. Color or race A. W. 21. Age at last birthday 23 (Years)
13. Birthplace (city or place) New Mexico (State or country)	22. Birthplace (city or place) Dallas, Texas (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jack Hammer man	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19 17. Total time (years) spent in this work 5 yrs	25. Date (month and year) last engaged in this work, 19 26. Total time (years) spent in this work 1 yr

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 none (c) Stillborn

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 Alive (Born alive or stillborn) at 5.15A. on the date above stated

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

(Signed) Chas W Seabrook, M. D.

or, Midwife

Address

Filed Mar. 27 - 1935. A. R. Chermann Registrar.

Given name added from a supplemental report (Date of)

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 in order of birth stated.

10M 1-31-34 MS—49982 FORM NO. 2

695-346-575