1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 57

Registered No. 181

County Cochise State ARIZONA

Township or Village

City Douglas No. 1060 E. Ave St. Ward

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

2. Full name of child James Rudolph Kambitsch (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. Is mother married? yes | 8. Date of birth July 17, 1935 (Month, day, year)

FATHER	MOTHER
9. Full name Fred Kambitsch	18. Full maiden name Marylee Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Pearce Ariz	19. Residence (usual place of abode) (If non-resident, give place and State) Pearce
11. Color or race White 12. Age at last birthday 28 (Years)	20. Color or race White 21. Age at last birthday 20 (Years)
13. Birthplace (city or place) Douglas (State or country) Ariz	22. Birthplace (city or place) Wilgus (State or country) Ariz
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work 10 yrs	26. Total time (years) spent in this work 2 yrs

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) 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 Held, M. D.

or Douglas Ariz Midwife

Address

Given name added from a supplemental report (Date of)

128-712-425 Registrar.

Filed July 26, 1935 E. Wadamson Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth stated.

10M 2-5-35 Form No. 2 MS