ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 147

Registered No. 122

1. PLACE OF BIRTH

County: Gila State: ARIZONA

Township: or Village: P.O. Route I, Yuma, Ariz.

City: Miami No. R.R. Ave. Hill Street St. Ward

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

2. Full name of child: John David Hinshaw (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: August 31, 1935. (Month, day, year)

FATHER	MOTHER
9. Full name: Alvadore John Hinshaw	18. Full maiden name: Florence Marie Walin
10. Residence (usual place of abode) (If non-resident, give place and State): Yuma, Arizona.	19. Residence (usual place of abode) (If non-resident, give place and State): Yuma, Arizona.
11. Color or race: Cauc. 12. Age at last birthday: 29 (Years)	20. Color or race: Cauc. 21. Age at last birthday: 24 (Years)
13. Birthplace (city or place): Beloit, (State or country): Kansas.	22. Birthplace (city or place): Minneapolis, (State or country): Minn.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher	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.: Yuma High School	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: August, 1935 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: , 19 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: One (b) Born alive but now dead: One (c) Stillborn: None

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 5.45 P.m. on the date above stated

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

(Signed): Cyril M. Cron, M. D.

or: Cyril M. Cron M.D., Midwife

Address: Miami, Arizona.

Given name added from a supplemental report: 186-831-665 (Date of)

Registrar.

Filed: September 3rd, 1935. C. M. Cron Registrar.

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