ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 132

Registered No. 168

1. PLACE OF BIRTH

County Gila State ARIZONA

Township or Village

City Globe No. 721 South St. St. Ward

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

2. Full name of child Carol Marguerite Aston {If child is not yet named, make supplemental report, as directed

3. Sex Female

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 October 29th, 19 35 (Month, day, year)

FATHER

9. Full name Lomax Aston

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

11. Color or race Cauc. 12. Age at last birthday 34 (Years)

13. Birthplace (city or place) Winfield (State or country) Alabama

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wholesale Grocery

16. Date (month and year) last engaged in this work October, 19 35

17. Total time (years) spent in this work 6 Yrs.

MOTHER

18. Full maiden name Marguerite Eleanor Shields

19. Residence (usual place of abode) (If non-resident, give place and State) Globe, Arizona.

20. Color or race Cauc. 21. Age at last birthday 30 (Years)

22. Birthplace (city or place) Macomb (State or country) Illinois.

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. Home

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 TWO

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 10.20 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) Cyril M. Cron, M. D.

or CYRIL M. CRON M.D., Midwife

Address Miami, Arizona.

Given name added from a supplemental report 315-1029-422 (Date of)

Registrar.

Filed Dec 2, 19 35 Geoffrey Morris 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 2-5-35 Form No. 2 MS