37

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 302

1. PLACE OF BIRTH

County Cochise State ARIZONA

Township _____ or Village _____

City Douglas No. D 1462 - 19th St. St. _____ Ward

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

2. Full name of child Dorthy Ann McFarland { 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 Nov. 13, 1935 (Month, day, year)

FATHER	MOTHER
9. Full name Walter S. McFarland	18. Full maiden name Anna Mae Taylor
10. Residence (usual place of abode) (If non-resident, give place and State) Cloverdale N.M.	19. Residence (usual place of abode) (If non-resident, give place and State) Cloverdale N.M.
11. Color or race White 12. Age at last birthday 32 (Years)	20. Color or race White 21. Age at last birthday 27 (Years)
13. Birthplace (city or place) Austin (State or country) Texas	22. Birthplace (city or place) Silver Nite (State or country) New Mex.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	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 _____	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 2 (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 or stillborn) at _____ m. on the date above stated

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

Given name added from a supplemental report 444-1113-139 (Date of)

_____ Registrar.

(Signed) Jack Hild, M. D.

or _____, Midwife

Address _____

Filed Nov 20, 1935 Eva Adamson Registrar.

N. B.—In case of more than one child at a birth, a [illegible] in order of birth stated.

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