

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 406
Registered No. 119

I. PLACE OF BIRTH

County Navajo State ARIZONA
Township _____ or Village _____
City Hinsdale No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ronald George Shotton (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 1 6. Premature _____ Full term 7. Is mother married? Yes 8. Date of birth 11-18-1935 (Month, day, year)

9. Full name FATHER Robert W. Shotton
10. Residence (usual place of abode) (If non-resident, give place and State) Hinsdale, Ariz

18. Full maiden name MOTHER Nova Patterson
19. Residence (usual place of abode) (If non-resident, give place and State) Hinsdale, Ariz

11. Color or race Caucasian 12. Age at last birthday 19 (Years)

20. Color or race Caucasian 21. Age at last birthday 16 (Years)

13. Birthplace (city or place) Snowflake, Ariz (State or country)

22. Birthplace (city or place) St. Johns, Ariz (State or country)

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

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. Home

16. Date (month and year) last engaged in this work 11-18-1935

25. Date (month and year) last engaged in this work 11-18-1935

17. Total time (years) spent in this work 2-3 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 _____
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 at 7:00 P. m. on the date above stated (Born alive or stillborn)

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

(Signed) Myron J. Wright M. D.

Given name added from a supplemental report 975-1118-575 (Date of)

or _____ Midwife
Address Hinsdale, Arizona

Filed Dec 28, 1935 Donna Doremus Registrar

Registrar