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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. _____

Registered No. 18

County Cochise State ARIZONA

Township _____ or Village _____

City Douglas No. Cochise County Hospital St. _____ Ward

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

2. Full name of child Herschel Eugine Sewell { 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 Tuesday Jan 14, 1936 (Month, day, year)

FATHER

9. Full name Hersch E. Sewell

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

11. Color or race White | 12. Age at last birthday 38 (Years)

13. Birthplace (city or place) Pinetop - Ariz (State or country)

OCCUPATION

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

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

16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Evelyn Mildred Pointer

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

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

22. Birthplace (city or place) Phoenix (State or country) Ariz

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. _____

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 4 (b) Born alive but now dead _____ (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 (Born alive or stillborn) at 2.50 A 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 813-114-579 (Date of)

_____ Registrar.

(Signed) Jack Held, M. D.

or _____, Midwife

Address Douglas Arizona

Filed Jan 24, 1936 E. Adamson Registrar.

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