ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 729

Registered No.

1. PLACE OF BIRTH

County Yavapai State ARIZONA

Township or Village

City Smelter City No. St. Ward

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

2. Full name of child Dean Arthur Newton — (If child is not yet named, make supplemental report, as directed)

3. Sex M | If plural births: 4. Twin, triplet, or other 0; 5. Number, in order of birth 0 | 6. Premature 0; Full term 3 | 7. Is mother married? Y | 8. Date of birth 2-25 1936 (Month, day, year)

FATHER

9. Full name Arthur Newton

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

11. Color or race W | 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Seminole Okla. (State or country)

OCCUPATION

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

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

16. Date (month and year) last engaged in this work 2-25, 1936 | 17. Total time (years) spent in this work 1 yr

MOTHER

18. Full maiden name Lucille Gibson

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

20. Color or race W | 21. Age at last birthday 23 (Years)

22. Birthplace (city or place) Seminole Okla (State or country)

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 2-25, 1936 | 26. Total time (years) spent in this work 7 yr

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 0 months or weeks | 29. Cause of stillbirth 0 | Before labor 8; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:00 AM 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.)

Given name added from a supplemental report 455-225-375 (Date of)

(Signed) M. Stein MD, M. D.

or Midwife

Address Clemenceau

Filed May 7, 1936 Chas. D. Willard, Registrar.

Registrar.

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

... one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.