

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. _____

Registered No. 104

County Gila State ARIZONA

Township Globe of Village _____

City _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Boyd B. Bushman (If child is not yet named, make supplemental report, as directed)

3. Sex <u>male</u>	If plural births _____	4. Twin, triplets, or other _____	6. Premature <u>yes</u>	7. Is mother married? <u>yes</u>	8. Date of birth <u>July 20</u> 19 <u>36</u>
		5. Number, in order of birth _____	Full term _____		(Month, day, year)

9. Full name Mitchell Smith Bushman FATHER

18. Full maiden name Glenda Porter MOTHER

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

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

11. Color or race white

20. Color or race white

12. Age at last birthday 24 (Years)

21. Age at last birthday 20 (Years)

13. Birthplace (city or place) (State or Country) Snowflake, Arizona

22. Birthplace (city or place) (State or Country) Joseph City, Arizona

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

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. Dairy

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 July 20, 1936

25. Date (month and year) last engaged in this work July 20, 1936

26. Total time (years) spent in this work Two

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 none (c) Stillborn none

28. If stillborn, period of gestation 4 months or weeks

29. Cause of stillbirth _____ (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:35 A. 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) J. C. Harper M. D.

Given name added from a supplemental report 205-720-779 (Date of)

or Globe, Arizona Midwife

Address Globe, Arizona

Filed August 7, 1936 G. O. P. Maginnis Registrar

in order of birth stated.