ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 762

Registered No. 1372

1. PLACE OF BIRTH

County: Yavapai State: ARIZONA

Township: or Village:

City: Prescott No. Union St. Ward

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

2. Full name of child: Monica Margaret Gilbreath (If child is not yet named, make supplemental report, as directed)

3. Sex: F.

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: Yes

7. Married?: Yes

8. Date of birth: Aug. 9, 1936 (Month, day, year)

FATHER

9. Full name: Millard C. Gilbreath

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

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

13. Birthplace (city or place): Rockdale (State or country): Texas

OCCUPATION

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

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

16. Date (month and year) last engaged in this work: Now, 19

17. Total time (years) spent in this work: 2

MOTHER

18. Full maiden name: Zola Margaret Jackson

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

20. Color or race: W. 21. Age at last birthday: 19 (Years)

22. Birthplace (city or place): Walnut Grove (State or country): Arizona

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Hsw.

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: 3

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 (Born alive or stillborn) at 6.30 A. M. on the date above stated

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

(Signed) Jas. P. McNally M. D.

or Midwife

Address

Given name added from a supplemental report 478-809-915 (Date of)

Registrar.

Filed Aug. 14, 1936 Jos. P. McNally Registrar.

10M—9-1-34 FORM No. 2

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.