

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 262
Registered No. 1705

1. PLACE OF BIRTH

County Morongo State ARIZONA
Township Moqui or Village _____
City Kingman No. _____ of Birth _____ Ward _____

2. Full name of child June Marie Morrow (If child is not yet named, make supplemental report, as directed)

3. Sex F 4. Twin, triplets, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes 7. Is mother married? Yes 8. Date of birth 9-9-36 (Month, day, year)

9. Full name of FATHER Samuel Edward Morrow

10. Full maiden name of MOTHER Myrtle DeBore

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

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

11. Color or race W 12. Age at last birthday 50 (Years)

20. Color or race W 21. Age at last birthday 29 (Years)

13. Birthplace (city or place) (State or Country) Alabama

22. Birthplace (city or place) (State or Country) Salisbury, Mississippi

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

23. Trade, profession, or particular kind of work done, as housekeeper, hotel, nurse, clerk, etc. W

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. W

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 14

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 4 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (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 at 7:10 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) Walter J. Brown, M. D.

Given name added from a supplemental report _____ (Date of _____)

or _____, Midwife
Address 6-5 E Monroe St
Filed 6-29-36 Kingman, Ariz. Registrar.

N. D.—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.