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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County: Cochise State: ARIZONA

Township: or Village:

City: Willcox No. St. Ward

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

2. Full name of child: Mary Eleanor Whitmire (If child is not yet named, make supplemental report, as directed)

3. Sex: fem

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

6. Premature: Full term:

7. Is mother married? yes

8. Date of birth: Nov 8, 1936 (Month, day, year), 19

FATHER

9. Full name: Noel B. Whitmire

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

11. Color or race: white

12. Age at last birthday: 54 (Years)

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

OCCUPATION

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

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: 19

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

MOTHER

18. Full maiden name: Carrie Alice Rhyne

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

20. Color or race: white

21. Age at last birthday: 34 (Years)

22. Birthplace (city or place) (State or country): California

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) 4 (a) Born alive and now living: 4 (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 12:20 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) [illegible] M. D.

or Midwife

Address: Willcox, Arizona

Filed 12-4-36, 19 [illegible] Registrar.

Given name added from a supplemental report (Date of)

Registrar.

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

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