1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 668

Registered No. 21

County Pinal State ARIZONA

Township ..... or Village .....

City Casa Grande No. ..... St. ..... Ward

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

2. Full name of child Madalene Yvonne Gaboriault (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 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 2/22, 1937 (Month, day, year)

FATHER	MOTHER
9. Full name Leon George Gaboriault (Gaboriault)	18. Full maiden name Effie Opal Allen
10. Residence (usual place of abode) (If non-resident, give place and State) Casa Grande	19. Residence (usual place of abode) (If non-resident, give place and State) Casa Grande
11. Color or race White 12. Age at last birthday 29 (Years)	20. Color or race White 21. Age at last birthday 32 (Years)
13. Birthplace (city or place) (State or Country) Canada	22. Birthplace (city or place) (State or Country) Cheyenne Okla
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 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.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 10 years	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) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation ..... 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 (Born alive or stillborn) at 5 45 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) H B Schumberg MD, M. D.

or ....., Midwife

Address Casa Grande Az

Given name added from a supplemental report 473-222-515 (Date of)

Filed 3-3-, 1937 Freda M. Kilcrease Registrar.

..... Registrar.

10M- 6-12-36--MS--Form 2--100% Rag