SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 143

Registered No. 38

1. PLACE OF BIRTH

County Gila State ARIZONA

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

City Globe No. ..... St. ..... Ward

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

2. Full name of child Phillip Dean Gordon { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Is mother married? yes | 8. Date of birth April 13, 1937 (Month, day, year)

FATHER

9. Full name Delmar Gordon

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

11. Color or race White | 12. Age at last birthday 40 (Years)

13. Birthplace (city or place) Pima (State or country) Arizona

OCCUPATION

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

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

16. Date (month and year) last engaged in this work Apr., 19..... | 17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Edna Mae Davenport

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

20. Color or race White | 21. Age at last birthday 26 (Years)

22. Birthplace (city or place) Globe (State or country) Arizona

OCCUPATION

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

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

25. Date (month and year) last engaged in this work Apr. 13, 1937 | 26. Total time (years) spent in this work 7

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 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 3:30 A.m. on the date above stated

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

Given name added from a supplemental report 775-413-543 (Date of)

(Signed) T. C. Harper, M. D.

or ....., Midwife

Address Globe, Arizona

Filed Apr 23, 1937 G. H. Manning Registrar

..... Registrar.

10M 7-19-35 Form No. 2 MS