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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 40

1. PLACE OF BIRTH

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 Shinault (If child is not yet named, make supplemental report, as directed)

3. Sex F

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 Apr. 27, 1937 (Month, day, year)

FATHER	MOTHER
9. Full name Raymond David Shinault	18. Full maiden name Esta Agnes Russell
10. Residence (usual place of abode) (If non-resident, give place and State) Coolidge	19. Residence (usual place of abode) (If non-resident, give place and State) Coolidge
11. Color or race W 12. Age at last birthday 30 (Years)	20. Color or race W 21. Age at last birthday 29 (Years)
13. Birthplace (city or place) (State or Country) Texas	22. Birthplace (city or place) (State or Country) Oklahoma
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. Farm.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.
16. Date (month and year) last engaged in this work Apr, 1937 17. Total time (years) spent in this work 10 yrs	25. Date (month and year) last engaged in this work Apr, 1937 26. Total time (years) spent in this work 10 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (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 6:25 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) C. Preuss, M. D.

or ....., Midwife

Address Casa Grande Arizona

Given name added from a supplemental report .....

(Date of)

Filed 5-8-, 1937 Fredalee Kilgrease, Registrar.

..... Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag

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.

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