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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 117

1. PLACE OF BIRTH

County Navajo State ARIZONA

Township _____ or Village _____

City Winslow No. Dr Stump's Hosp St. _____ Ward

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

2. Full name of child Wesley Tarver Singleton (If child is not yet named, make supplemental report, as directed)

3. Sex Male

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

6. Premature _____ Full term X

7. Is mother married? yes

8. Date of birth 10-22-37 (Month, day, year), 19__

FATHER

9. Full name Wesley Tarver Singleton

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

11. Color or race white 12. Age at last birthday 33 (Years)

13. Birthplace (city or place) Ballinger (State or Country) Texas

OCCUPATION

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

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

16. Date (month and year) last engaged in this work _____, 19__

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

MOTHER

18. Full maiden name Maude Freeman

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

20. Color or race white 21. Age at last birthday 38 (Years)

22. Birthplace (city or place) St Johns (State or Country) Arizona

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) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillbor 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 alive (Born alive or stillborn) at 2 30 am on the date above stated

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

(Signed) Robert M. Stump MD, M. D.

or _____, Midwife

Address Winslow, Ariz

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

Registrar.

Filed Nov 1, 1937 D. Lorna Drumm Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

10M—6-12-36—MS—Form 2—100% Rag

R 625-1022-465